STAMMERING
AND
ITS PERMANENT CURE

ALFRED APPELT

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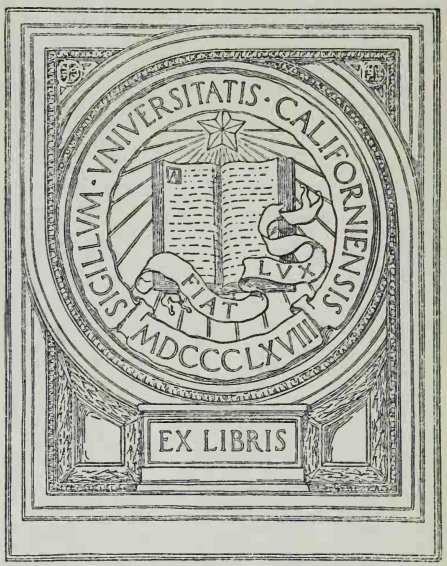

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STAMMERING AND ITS CURE

THE REAL CAUSE OF STAMMERING

AND

ITS PERMANENT CURE

A TREATISE ON PSYCHO-ANALYTICAL LINES

BY

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PREFACE

THE present treatise is the outcome of experiences gathered in the course of unwearying researches covering a period of more than twenty years. During that time perseverance now and then threatened to give way, and I was frequently tempted to devote my mind to other tasks; but the necessity which must stimulate any humane person to pass on knowledge which is likely to benefit the community urged me over and over again to continued activity in the domain here treated. I was the more anxious to master the details of the only reliable cure for stammering, since I myself languished in the gloomy and mysterious fetters of this agonizing complaint during my youth and early manhood, and knew only too well how the pleasure of conversation with friends and acquaintances is curtailed, and how oral communication with strangers is not only distressing but is sometimes prevented altogether.

I slaved my life out over breathing, vocal, and articulatory exercises by the aid of books; but, however much I pondered over the cause of the suffering and watched its different symptoms, all my pains proved futile, nor was I spared the disheartening realization that those fetters did but strengthen the more I worked to rid

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myself of them. Eventually I decided to place myself under the care of specialists who professed to be able to eradicate the affliction. I visited institutes for the cure of stammering—as many as three!—all in vain, however. I am confident that I did my utmost to carry out all instructions with the greatest conscientiousness and perseverance. The latter fact is, as a rule, not admitted by the principals of establishments of this description; they usually put down failure and relapse to lack of eagerness and of will-power on the part of the patient. I am sure that some of the specialists act *bona fide* and are confident of the good quality of their methods. But the fact remains that my hopes in all three institutions ended in disappointment, and my observation that the fellow-sufferers whom I met at those establishments also relapsed within a short time induced me to investigate the cause of failure. I came to the conclusion that by far the largest percentage (*at least* 90 per cent.) of those who have been discharged as "cured" are, in reality, only seemingly cured, and, when my investigations led me to discover that dread of speaking and inner psychic resistances are the cause of the complaint, I knew that mechanical exercises would not remove such subtle difficulties, and that a real and lasting cure was yet to be found.

Having "gone through the mill" myself, I know the mental suffering, the frequently desperate moods to which those afflicted with an impediment of speech are subject, especially if they have already called in assistance at great sacrifice of time and money without

obtaining any lasting relief. A person who, in moments of dread of speaking, has felt himself near a fainting fit, owing to the enormous nervous strain, alone can conceive how fettered speech affects the sufferer's mental and bodily well-being, quite apart from the hampering influences which he experiences in his professional work or in his social relations.

In the interest of many stammerers I felt it, therefore, incumbent upon me to remove the veil of mystery which has hung hitherto over the treatment of impediments of speech, and to enlighten them as to the real nature and rational treatment of the affliction. Though I have endeavoured to present the subject in the simplest form possible, it was often not feasible to avoid technical terms.

It may further be considered a shortcoming that interesting matter has now and then been brought to a conclusion, leaving the reader high and dry, so to speak, just when interest was aroused. These broken themes, however, mostly correspond with contacts at which the subject becomes interlinked with the problem of obsessions and hysterical symptoms, and these could not be treated here.

As the application of psycho-analytical treatment is still very little practised in the United Kingdom, I have endeavoured (in Chapter IX.) to give its rough outlines. I am, of course, well aware that the presentation of an actual case of stammering treated by psycho-analysis would have elucidated considerably the different phases of such a cure. A complete analysis would, however,

require a small volume to itself, and I am obliged to reserve that publication for a later time.

In conclusion, I may add that, when composing this treatise, I have thought primarily of stammerers as likely to be my prospective readers. May this treatise be instrumental in spreading a more correct view of the true nature of their affliction in their circles, and inspire them with hope, no longer a fallacious hope, but one capable of realization! If this wish be accomplished, I shall consider it as the best reward for my work.

ALFRED APPELT

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THE REAL CAUSE OF STAMMERING AND ITS PERMANENT CURE

CHAPTER I

RETROSPECTIVE

HISTORICAL references to the existence in past ages of impediments of speech are both fragmentary and unreliable, owing to the incomplete observations of those times and the inability of such observers, as there were, to discriminate between the varied vocal defects that came under their notice.

One of the most notable and interesting of such references is the excuse which the great Lawgiver, Moses, tendered to God in his desire to escape from the mission for which he had been chosen: "I am slow of speech, and of a slow tongue," he said (Exod. iv. 10). In God's reply, as Moses records it, we see that defects of speech were regarded by the Jews as afflictions equal to deafness and blindness: "Who hath made man's mouth? or who maketh the dumb, or deaf, or the seeing, or the blind? have not I the Lord?" (Exod. iv. 11). This is instanced again in the prophecies of Isaiah, where, in enumerating the blessings of Christ's Kingdom (Isa. xxxii. 3, 4), he says: "And the eyes of them that see shall not be dim, and the

ears of them that hear shall hearken. The heart also of the rash shall understand knowledge, and the tongue of the stammerers shall be ready to speak plainly."

We will now turn from sacred to profane history. According to Herodotus (iv. 135), Battos, the son of Polymnestos, stammered in early childhood. His affliction, judging from the terms chosen by the historian, manifested itself in an involuntary stoppage of the voice or complete unintelligibility. When grown to manhood he asked the Pythian priestess, as the oracle of the Delphic god, how he could get rid of his agonizing ailment, and she recommended him to emigrate south to Libya. It is not improbable that the association of his proper name, Battos, with the appellative *βάταλος* (stammerer), is due to the possibility that young Battos received his name as a consequence of his impediment.

In the cases quoted above, we have been dealing with some of the pathological and more serious of the symptoms comprised under the term "stammering." We will now make, through the instrumentality of the greatest Greek comedian, the acquaintance of a lisper whose defective articulation incited the refined Athenians to ridicule him, even though he was one of their most distinguished statesmen and military leaders—Alcibiades. He is reported to have been unable to articulate the letter *r* properly, substituting *l* in its place. Alcibiades, however, seems to have had the gift of making a virtue of a necessity, and indulged in his impediment with conscious coquetry.

The impediment of Demosthenes, who, with doubtful justice, is claimed by many stammerers as their most famous fellow-sufferer, comes more or less under the same head. According to Cicero, Demosthenes was

unable at the commencement of his brilliant career to articulate the first letter of the name of that art—namely, rhetoric—of which he was destined to become the most notable interpreter. The articulation of the letter *r* was to him such a stumbling-block that any development of his genius as a rhetorician was threatened with shipwreck, but ultimately he succeeded in mastering his "slow tongue" and in making it a pliant instrument of his powerful eloquence. The means he used were those tedious exercises, which are sometimes adopted, even in these enlightened days, by stammerers, generally to their disappointment.

Judging from the Greek vocabulary, containing as it does a large variety of terms relating to impediments of speech, we are justified in the conclusion that quite a number of persons thus afflicted were to be found among the ancient Greeks. This conclusion is still further justified when we find that Aristotle (Problem. XI.) especially points out that there is some method in their use, as they refer to particular forms of the various defects of speech. Such distinctions were doubtless of very ancient origin and entirely superficial, relating merely to the impression which the afflicted person made on those around him. The stimulus given to every other art and science by the development of the Greek language, seems to have had little or no effect in aiding the physicians and sages of ancient Greece to arrive at the formulation of any satisfactory classification of defective speech. This was undoubtedly owing to a complete lack of insight into its nature and the causes from which it springs. The occasional remarks which we find scattered in the works of Hippocrates, Aristotle, Galen, and others, which bear on this subject, are hypothetical and trivial. Aristotle

alone seems to have had any view of the matter worth mentioning, a view which held its ground and was regarded as a dogma up to about the sixteenth century.

Amongst the Romans (as in the Mosaic era) we find stammering and lisping classed equally with other infirmities and peculiarities. The stammerer and lisper had his special name (Balbus Blæsus); so had the squinter, the bandy-legged, and the long-nosed person. We also find instances of defective speech occasionally mentioned in the works of Cicero, Valerius Maximus, and Catullus, but we derive as little practical knowledge of these ailments from the Latin-speaking occidentals as from their colleagues of the East.

Throughout medieval times research was at a standstill; it was not until the sixteenth century that the threads, which had been dropped, were taken up again. Hieronymus Mercurialis[44] (1584), who in his statements on the subject repeatedly quotes the authority of medical and other learned men of antiquity, distinguishes between *Balbuties naturalis* and *Balbuties accidentalis*. According to his views, the cause of chronic stammering is to be found in a humidity of the brain, which disturbs the normal action of this "central organ," whereas accidental stammering is caused by sudden emotions and other influences, which injure the whole nervous system. This conception—which rightly makes the "central organ" the seat of the affliction—marks a vital progress, and may be considered to be the forerunner of most of the theories which have held the ground up to quite recent years, in spite of its faults and dogmatism. But even this small amount of advance was not kept up; on the contrary, the re-

NOTE.—44, 38, 9, 56, etc. These and all such subsequent numbers refer to the Bibliography at the end of the book.

searches made by the medical men of the eighteenth century—Hahn, Santorini, Delius, Morgagni—show a deplorable regression, inasmuch as they regarded stammering (which was not yet consciously separated from other defects of speech) as the result of anatomic lesions and malformations of the organs connected with speech. The reproach which attaches to these eighteenth-century physicians is equally deserved by the misled "specialists" who, even up to recent years, owing to one-sided and insufficient observation of the symptoms, have defended theories which make weak and faulty conditions of the organs of speech responsible for the impediment.

Kustner[38] (1716) and Bergen[9] (1756) traced stammering back to unsoundness of the muscles of the speech-organs. Sauvage[56] (1771) thought that defective speech was due to a certain weakness of the soft palate, uvula, and root of the tongue, and the immobility consequent upon such conditions. The conception of Sauvage is closely associated with the hypothesis advocated by Mme. Leigh and by Malebouche[42] (1841). These authors attributed impediments of speech to a weakness of the tongue which caused it to be kept in an incorrect position during the act of speaking—namely, at the bottom of the mouth instead of in the roof of the mouth. This view is entirely contradicted by the facts, which do not evince the phenomena referred to.

Hervez de Chégoin[17] (1830) thought he had discovered the fundamental cause, when he drew his conclusions from certain abnormal formations of the tongue. When this member was short, or, owing to certain conditions of the ligament, was hampered in its movements, he considered that such conditions caused defects of speech, which could be cured by a surgical operation.

According to Yearsly[66] and Braid[15] (1841), certain

malformations of the tonsils and of the uvula can cause impediments of speech, while Cormack[21] (1828) and Beesel[6] (1843) laid the blame upon incorrect respiration, or upon the "misapplication of breath." This was due to their one-sided and unmethodical manner of generalizing the results of quite superficial observations. They did not investigate the cause which lies at the root of such respiratory disturbances. A more careful research would have shown them that their theory had no scientific foundation whatever, and that they were only substituting imperfectly observed symptoms for primary causes. Several years previous to the appearance of Cormack's theories, Itard[33] (1817) had published a short treatise on stammering, which deserves consideration, inasmuch as he is the first author who treats this affliction as a pathological symptom, which demands a place of its own among the other defects of speech. In his opinion stammering is caused by a spasm induced by a weakness of the motor organs of the larynx and tongue. This entirely original view has had a most enduring influence on the various authors who have, since that time, been engaged in writing monographs, essays, and scientific articles on the subject.

Du Soit[59] (1840) held the opinion that stammering is a result of spasms of the respiratory organs, which either take the form of tetanus or of a clonic spasm. The physiologist Müller[48] (1840) and the surgeon Dieffenbach[24] (1841), following Arnott's[4] (1830) example, considered themselves able to explain the nature of stammering satisfactorily by assuming that it was caused by spasms of the glottis—spasms which imparted themselves to the muscles of the tongue, face, and throat by morbid association. Schulthess[58] (1830),

who also put the ailment down to spasms of the glottis, compared it with hydrophobia, and suggested the terms "phonophobia" and "lalophobia" as suited to describe it.

In contradistinction to these efforts, which aimed at the discovery of a circumscribed primary seat of the disease, Angermann[3] (1853) was much influenced by Itard in his view that, in an attack of stammering, all the organs involved in the formation of sound and syllables are at the same time seized by spasm.

In 1829 Serres d'Alais[2] approached the matter from a somewhat different standpoint. As a result of minute observations, he modified and defined Itard's views, and finally classed two kinds of stammering, the ultimate cause of both of which he found in an *affection nerveuse*. One kind is characterized by clonic spasms of the articulatory muscles, while the other is due to tetanus of the muscles connected with respiration and voice production.

The question as to the causes which induce these spasmodic conditions, already opened up by Itard and ignored by the authors above quoted, was answered by later writers as follows:—

Marshal-Hall[43] (1841) and Lichtinger[40] (1844) considered stammering to be a reflex spasm caused by the *excito-motor* spinal action predominating over cerebral influence. They were of opinion that the impulses of volition, regulated by thinking, did not have, in the case of a stammerer, a sufficient amount of energy with which to prevent the simultaneous interfering occurrence of reflex actions—actions which, being independent of the will, have their origin in the spine. The disproportion between cerebral influence and spinal action could be based, according to Lichtinger, either

on the lowering of the cerebral energy or upon abnormal excitation of the spinal cord. Accordingly, he discriminated between cerebral and spinal stammering, and regarded causation as due either to morbid disorders of the brain or of the spine. Klencke[36] in his work, "Die Stoerungen des menschlichen Stimm- und Sprechapparats," published in 1844, explains stammering as "the outcome of a want of freedom of the soul with regard to the stimuli of that most important part of culture, speech." He also finds the deeper roots of this "want of freedom" in the functions of the spinal cord and of the brain, being insufficiently co-ordinated; the action of the spinal system may be, in the case of a stammerer, absolutely or relatively increased, and may manifest the phenomena of excito-motor functions. This "want of freedom of the soul" becomes apparent primarily in the movements of the expiratory muscles which, through spasm, adynamia, etc., are out of control of the will and are at the mercy of innervation. Such suspension is automatically followed by disturbing symptoms in the muscles of the throat and larynx, and ultimately, owing to the retained air working on large groups of nerves, spasmodic contractions are produced in the articulatory and facial muscles. Previous to Marshal-Hall, Charles Bell[7] (1832) described stammering as a "very partial chorea," and regarded it as due to inadequate capacity properly to co-ordinate the different actions required for fluent speech, consequent upon a certain debility of the nerves which control the organs of speech. This theory has had frequent support in comparatively recent times, and was particularly adopted by Benedict[8] (1868), Rosenthal[53] (1870), Guillaume[32] (1872), and Kussmaul[37] (1885).

Previous to Charles Bell and the authors who,

together with him, had correctly located the seat of the ailment in the brain, Voisin[64] (1821) and Rullier[55] (1828) had gone much more deeply into the subject which had been treated, until their time, in so superficial a manner. Voisin contented himself with a general statement that the brain stimulates the muscles of the organs of speech in an irregular and incomplete way, but he failed to make this irregularity an object of more exact investigation. Rullier, however, took great pains in the investigation of this question, but he did not succeed in finding a satisfactory answer. According to his view, stammering is caused, in the first place, by a disproportion between the rate at which the brain produces thoughts, and that at which it transfers them to the different stages of innervation; and, in the second place, by an incapacity of the organs of speech to accomplish their task properly. The inability of the parts to cope with the demand made upon them, when profusion of stimuli come by quick turns (if we may so speak), is, in his opinion, the cause of the spasmodic inflexibility of the stammerer's organs. But the "central organ" is exclusively responsible for this phenomenon, owing to its precipitance.

Rullier's theory was almost literally adopted by Colombat[20] (1840), but, by going back to the distinction laid down by Serres d'Alais between tetanic and choreatic stammering, he corrected one mistake of Rullier's, and may be said to have contributed very serviceably to the inquiry by substituting for Rullier's *état d'immobilité spasmodique* his own *état tetanique et convulsif.* Colombat's theory, however, underwent certain modifications at the hands of Blume[12] (1843). The trouble is not considered to be brought about by central influences alone, but is caused by a disturbed

harmony between two concurrent factors—thinking and speaking. Thus the disproportion can be caused partly by a particular condition of the mind, and partly by a peculiar formation or incorrect use of the organs of speech.

We meet with similar attempts of amalgamation in the investigations of Bonnet[13] (1841), Froriep and Oré[49] (1866), three defenders of surgical methods of cure. Froriep, for example, says: "Stammering can be caused either by a mechanical incongruity in the 'motive' organs of the tongue (consisting in an abnormal degree of tension and contraction) or by a psychic disposition, the nature of which cannot be accurately defined."

The compromises above mentioned proceeded from the wish to establish a practicable theoretic basis for surgical operations, which were highly recommended for the removal of stammering by Dieffenbach, and were carried out with sad results. The advocates of surgical treatment either pretended to have seen successful instances or expected to do so in the future.

Undaunted, in spite of these misdirected attempts at treatment, and in spite of their finding favour in large circles for a short space of time, science continued to pursue the road opened up by Rullier.

Merkel[45] (1866), who himself suffered from the affliction of stammering, places its primary cause entirely in the psychic sphere,—the sphere of the will. A debility in this sphere may produce a disturbance of the equilibrium between articulation and vocalization. Here Merkel is in complete accord with Deleau,[22] who, as early as 1829, attributed stammering to weak impulses of the will and insufficient innervating influences on the organs connected with human speech. Merkel observed that stammering was only possible with an initial vowel

or consonant, but not with a combination of vowel and consonant; the conclusions he drew from this observation cannot, however, be maintained in the face of facts.

In Merkel's footsteps treads Thomé[62] (1867), who sees the fundamental cause of stammering in an abnormal working of the central nervous apparatus, induced by the influence of certain emotions, which lead to respiratory disturbances. He arranges the psychic conditions which bring about this abnormal action into two groups: (1) Embarrassment, uneasiness, lack of confidence; (2) Excessive rapidity of thought, coupled with an endeavour to produce the thought with corresponding rapidity.

The question as to which portions of the stammerer's brain are apt to work irregularly is answered by Ruff[54] (1885), who makes the statement or suggestion that the centre of speech has accidentally been exposed to some injurious influence, such as suffusion of blood, owing to a sudden expansion of the bloodvessels of the brain, or an insufficiency of blood, owing to a spasmodic contraction of the same vessels. Such detrimental conditions would make the perfectly natural ability to speak, which exists under ordinary circumstances, impossible at that moment. The centre of speech may then be said to be so disposed as to respond to any inducement, however slight, to renew an attack of stammering. The first disturbance, therefore, which is regarded as a provoking cause of the affliction by this theorist, arises from a lesion, a shock, or some extraordinarily intense emotion.

Ruff's explanations show evident signs of having been worked out under the influence of Coën's treatise, "Das Stottern, Stammeln, Lispeln und alle uebrigen

Sprachfehler" (1883). Coën's main idea is this: "Supposing an ordinary speaker suddenly becomes subject to an intense emotion, one of the first results thus induced is either the momentary loss of the entire faculty of speech, or that his speech, which has hitherto been fluent and natural, becomes clumsy and faulty. What has happened? Owing to the intense emotion, a sudden disturbance of the circulation of the blood has been brought about. The blood rushes to the heart and to the other inner organs, and, in consequence, there is insufficient blood in the superficial parts of the body (the face becomes pallid and the limbs tremble), while the inner organs, including the brain and spine, are suffused. This unusual congestion at once induces an increase of pressure of blood in the organs concerned, with the result that the nervous functions of the brain and spine are immediately upset. This functional disturbance becomes apparent, in the case of a stammerer, in his short, weak, and irregular breathing, which brings about either a sudden interruption of speech altogether or a difficulty in speaking. The next moment—that is, as soon as the stimulating cause has passed over—the balance, both in the circulation of blood and in the function of the nerves, is restored, breathing becomes fuller, stronger and more regular, and speech is as fluent and distinct as before."

In spite of Ruff's unmistakable indebtedness to Coën, he has avoided the latter's fundamental error by locating the supposed disorder in the centre of speech.

Coën himself, casually pushing aside the irrefutable observations of his predecessors, thought himself justified in putting down the aggravation of vocalization and articulation, experienced by a stammerer, to his

respiration being weak and irregular, and the consequent lack of power at the moment of exhaling to overcome the obstacles induced by the position of the organs of speech. He was of opinion that the pressure of the pulmonary air is, in the case of a stammerer, lower than in that of an ordinary speaker. How Coën explains the mechanism of the characteristic symptoms is detailed on p. 80 of his book, "Pathologie und Therapie der Sprachanomalien" (1889): "As the normally innervated muscles of the 'speech-apparatus'—when articulating the explosives *k*, *p*, *t*—are able to offer considerable resistance against the feeble pressure of the column of air, the bursting of the lock which produces the sound cannot normally take place. In this way the muscles are irritated, and are therefore seized with spasmodic contractions; the tongue is forced against the roof of the mouth or the teeth, whilst the lips are violently pressed together. In this state the patient makes the greatest effort to overcome that obstacle, but only with the result that the muscles are seized with a tetanic cramp, which finds its expression in reflexes of the muscles of face, head, the upper and lower extremities, etc." (Translation.)

The insufficiency and irregularity of respiration—which by Merkel had been considered as one of the factors in the mechanism of stammering—is, according to Coën, caused by an abnormal innervation. The latter, again, is dependent on alterations which are to be found either in the centres or in the superficial channels of the nerves.

With Merkel, who considered the ailment to be the outcome of an insufficient impulse of the will, Schrank[57] (1877) is, to a certain extent, in accord. He held the opinion that the stammerer's will, during the act of

speaking, is hampered and flurried by disturbing influences, generally consisting of feelings of dread, the origin of which may be ascribed to varying causes which would not affect an ordinary speaker. They may be brought about, either by circumstances or outer conditions, when their appearance requires an abnormally increased psychic provocation, or may suddenly enter as obsessions, without any external causation, into the foreground of consciousness, absorbing the whole of the attention which was previously fixed on other things. Here there must be alterations of a pathologic nature in the brain, analogous to those which are caused by intense feelings of dread of an approaching necessity to speak, and stammering is the result.

Near to the truth also came Wyneken and Denhardt[23] (1890), who found the cause of the affliction to be lack of confidence and self-control. The will to speak, during the time that the necessary movements have to be innervated, is influenced by doubts which arise in the stammerer's soul as to his capacity to do so, to such an extent that the rational co-ordination of the movements is upset, its place being taken by an irregular and unbalanced play of the muscles.

An identical standpoint is taken by Ssikorski[60] (1894) and L. Sandow (1898), who hold that stammering is a psychoneurosis, based on a debility of the nerves involved in the action of speech, while each paroxysm of stammering is induced by psychic stimuli. The latter are supplied either by dread of speaking, intense eagerness to speak, or by too violent innervation when communicating matters which seem of importance to the sufferer. Ssikorski also gives an intelligent theory on the subject of the greater immunity of the female sex from this malady: "Owing to hereditary peculiarities, the motor

centres of a woman's left cerebral hemisphere (which contains the organ of Broca, the centre of speech) develop, generally speaking, more quickly than a man's, and seem, thanks to a more accomplished structure of certain parts of the brain, less exposed to injuries than those of boys. This accounts not only for the earlier development of speech with girls, but also for other psycho-motor specialities of women—viz., their skill in dancing, singing, and needlework."

The latest authors on the subject—we will only mention Barth[5] (1904), Troemer[63] (1905), and Stekel[61] (1908)—have unanimously come to the conclusion that stammering is solely a psychic ailment, in the centre of which stands "dread of speaking." This, as a momentum of inhibition, interferes with the automatic execution of that function.

If we sum up the facts brought to light by research, so far as they seem reliable, together with the positive results of that research (apart from those observations which refer to symptoms only), little more is left than the theory that the affliction is of a central or psychic nature induced by a disturbance of the will, the cause of which, it must be acknowledged, has remained unexplained up to quite recent years. The view which placed the cause of the impediment in the outer organs of speech may be looked upon as definitely abandoned.

From our necessarily hasty retrospect we gather that what there has been of progressive discernment by no means runs in strictly chronologic succession, but that each step which brought us nearer the goal was attended with many retrograde movements, and some entire departures from the right road.

The authors who have written on the subject of stammering, with more or less success, cannot all

be touched upon within the limits of this opening chapter, the object of which is merely to present in as concise a form as possible the theories concerning the *nature* of stammering which have come before the public at various periods. We shall, however, have reason to quote in the following chapter many authors who have not yet been mentioned, and it will be seen that the bibliography of the subject is extensive.

CHAPTER II

FROM THEORY TO PRACTICE

BEFORE we attempt to discuss the pathology, ætiology, and rational therapeutics of stammering, it will be well to take a brief general survey of the historic development of the therapy.

When some understanding of the psychic suffering at the root of the distressing affliction which we are considering is arrived at, it is indeed surprising that not until the last century was the necessity realized of determining scientifically how such suffering might be eradicated. Perhaps Mercurialis was the only physician who bestowed care upon founding a treatment which was logically based on actual theories of the nature of the infirmity. Since, according to him, the complaint had its primary cause in an *intemperies frigida* and *humida*, he made it his task to fight these conditions with all possible means. To this end, he recommended the patient's sojourn in a warm and dry atmosphere, a warming and parching diet, the avoidance of alcoholic beverages, the administration of purgatives, the use of embrocations with honey, salt, and especially with sage. Associated with these means were exercises of the organs of speech by *continua locutia alta et clara*.

The medicinal treatment of stammering by diet, drugs, etc., was revived later on by Schulthess. In accordance with his theory as to the cause of defective

speech, he tried to attack the morbid inclination of the glottis to seizure with spasm by administering remedies similar to those used in convulsive diseases like epilepsy, chorea, whooping cough, and so on. The importance of speech drill, from which Mercurialis had expected a certain amount of benefit, is of very little account in the estimation of Schulthess. He looked for success to such means as divert the sufferer's mind from his affliction and occupy his imagination.

In the year that Schulthess published his book, a French surgeon, Hervez de Chégoin, tried to establish the advantage of operations for a particular kind of stammering. As we have already mentioned, he laid its cause to a faulty condition (shortness) of the ligament of the tongue, which, in his opinion, necessitated its being cut through. Hervez de Chégoin claims the doubtful credit of breaking the first lance in favour of surgical treatment for stammering. It was, however, the well-known surgeon Dieffenbach who made the treatment famous (or let us say infamous), and he must bear the odium which is justly levelled against the exponents of this serious and disastrous error. January 7, 1841, may be regarded as the birthday of Dieffenbach's process, which was carried out by cutting through the root of the tongue (with or without the excision of a sphenoid piece of that organ), and on March 8 of that same year Dieffenbach was reporting on nineteen such operations to the Institut de France.

The first news about the Dieffenbach treatment reached France at the beginning of February through the agency of the Press, and the idea was soon taken up with keen interest. A former pupil of Dieffenbach's —Philipps, of Belgian nationality—submitted two stammerers to the operation on February 6, and re-

ported on their case at the Medical Academy in Paris. When the paper was read on the 16th of the same month several members of the Academy were cautioned against acting rashly and without more intimate knowledge of the matter. However, the stone had started rolling, and could not be so easily stopped. Several French surgeons, despite the warning, continued to follow the directions, which appear to have been given together with the reports of Dieffenbach's alleged successes. In April, Amussat had performed eighty-four operations. As great an activity in this domain prevailed in the provinces as in the capital, Paris. Nearly 200 stammerers in France alone submitted to the operation in the course of the year. The enthusiasm quickly spread to England, where incisions in the tongue, and especially in the root of the tongue, were practised as in Germany and France, the Englishmen Yearsly and Braid, however, preferring to cut the stammerer's tonsils and uvula. These two English surgeons based this mode of operating upon the erroneous conception that, owing to the supposed faulty condition of the organs mentioned, they put obstacles in the way of normal expiration, and should therefore be removed.

In Berlin, Dieffenbach's operation was performed upon sixty stammerers. The enthusiasm which the new method had at first provoked soon subsided, and opportunity was made for a sounder examination of certain facts which, for the time, seem to have been entirely overlooked. Dieffenbach, from the beginning, had not concealed the serious dangers which are attached to the operation. As a matter of fact, his method claimed its first victim in a very short space of time. A student in Berlin paid with his life for trust

in the surgeon's knife as a means of relieving him of his impediment. A second victim was a patient of Amussat's, who, having been operated upon on April 29, died on May 17. It may be supposed that the surgeon vainly endeavoured to diminish the significance of this mishap. On June 1 he informed the scientific world at large of his successes and—failures! Shortly before, Guersant had raised his first cry of warning in the "Gazette Française." He made the results of the operations, as far as they were known to him, a matter of most conscientious investigation, and came to the conclusion that the advantage of surgical interference in cases of stammering were, to say the least, very doubtful and uncertain; that surgical treatment, at the best, only brought about an improvement in the more fortunate cases; that no records of complete cures were forthcoming, and that even life itself was seriously endangered and had been known to have been sacrificed altogether.

This was not the only frank admission of failure; others also who had tried the experiment found the courage to acknowledge their grave error. The end of the year 1841 saw also the end of what there had been of triumph in the attempted surgical treatment of stammering, though such operations continued to be carried out here and there. In 1851, however, Romberg was able to state that the surgical treatment of the affliction had been "rightly given up." Thus the blood-stained campaign ended with complete defeat, bringing disappointment to all who had hoped for relief, and some amount of censure on those who had conducted it.

The complete futility of surgical treatment now established, many a sufferer who had bled under the knife of the most skilful surgeons sought help in insti-

tutions where efforts were being made to attack the ailment in a more rational manner. The author has himself met with stammerers who had undergone operations, and out of several letters selects one which is, to a large extent, synonymous with others.

"S———,
"*January* 4, 1910.

"ALFRED APPELT, ESQ.

"DEAR SIR,

"I am a bad stammerer, and, like so many others, have been under several treatments: first, Rev. W——, then Mr. H——, then Mr. B—— (six consecutive months), and finally Mrs. B——, at whose request I underwent three throat and nose operations to widen the breath passages. In this way I have spent the whole of my capital.

"I feel very sceptical as to obtaining permanent relief, and shall be very much obliged to you if . . . etc.,

(*Signed*) "F. P. B——."

In order to understand the history of the surgical methods we have been considering, and to comprehend the triumph (short-lived as it was) enjoyed by the many famous medical men who were drawn into the vortex, we must take into consideration a fact which we will discuss later on in detail. A decrease of stammering did undoubtedly take place in a series of cases, and we ourselves have noticed a similar temporary improvement after operations for other purposes, and after illnesses, especially during the convalescent stage. Exhaustion and relaxation, particularly of the organs connected with speech, offer an explanation of that phenomenon. A rational therapy must decline to accept such data, since an improvement which may *possibly* become apparent immediately after the operation contains no

guarantee of permanency. Any slight improvement which may take place is not due to the operation; rather is it due to auto-suggestion on the part of the stammerer who, buoyed up by hope of relief at the surgeon's skilful hands, momentarily experiences that relief. It will be seen, later on, how great an influence suggestion has in all cases of a neurotic character.

Next to medicinal and surgical treatment stand the didactic or pedagogic methods which aim at recovering, by means of instructions and exercises, the control over the organs of speech, which the will has lost. The first efforts in this direction (with the exception of those of Mercurialis) were made at the beginning of the last century, and continued, practically without suspension, even throughout the era of Schulthess and Dieffenbach. This mode of treatment has been generally adopted, but crude and often absurd have been the measures taken to shape the principles into a practicable system! Many and varied were the pedagogic ways and means employed by "speech specialists," since the majority of them seemed fully convinced that stammering could only be removed under, what we will term, a didactic treatment.

The first person who formulated an independent system on these lines was the French physician Itard (1817), noted for his treatment of the deaf and dumb. He considered the phenomenon of stammering a spasmodic condition caused by a congenital debility of the nerves which stimulate the movements of the larynx and tongue. Apart from the use of medicinal remedies, he prescribed systematic gymnastics of the organs of speech, such as reciting for adults and *lecture posée* for children. He required the difficult syllables to be specially practised. A fork, placed under the tongue

and encompassing the root of the tongue on both sides, was the means used to strengthen that organ by compelling it to work in spite of the obstacle. He also recommended the placing of stammering children under a foreign governess unacquainted with their language, forcing them in this way to learn the foreign language slowly, without indulging in their mother-tongue.

About the same time that Itard was before the public, Dupuytren was trying to discover a cure for stammering, and we learn from Rullier's dissertation that he is supposed to have been successful in his treatment of a young solicitor. This patient was made to speak in a singing tone, marking certain intervals by a slight movement of his foot. This proved to be a departure, which became very notable. Colombat has always been incorrectly regarded as the originator of this attempted cure, which may be called the time-beating method, Dupuytren's name, from some unknown cause, having fallen into oblivion.

Itard and Dupuytren, who appear to have tried their methods in a very limited area, were succeeded by Mme. Leigh, an American lady who, left a widow very early in life, was received into the family of Dr. Yates, a physician of New York. His daughter was afflicted with an impediment in her speech, and it was due to this circumstance that Mme. Leigh was inspired to take up the subject with great enthusiasm. The failure of many attempts at a cure did not deter her from following up the aim which was continually before her, and she is reported to have ultimately succeeded in curing Miss Yates. Elated by this first success, she applied her system to other cases, and is said to have obtained satisfactory results throughout. Encouraged by so promising a beginning, she decided

to continue her work, and established an institution for stammerers in New York (1825), which boasted, at the end of 1827, of no less than 150 "cures." It may be mentioned that there is some doubt as to whether Mme. Leigh can legitimately claim to be the actual originator of the method which bears her name. The truth probably is that she owed her knowledge to a Mr. Broster of Liverpool, who, according to the statement of Julius,* had been very successful on these lines in Edinburgh, Liverpool, and London. Mme. Leigh sold the secret of the method to a Belgian, Malebouche by name. At first he was unable to give accurate particulars of the method; a few years later, however, he was able to supply the needed information in an article, "Bégaiement," published in the "Dictionnaire de Médecine et de Chirurgie Pratiques," 1830. According to Mme. Leigh, during the futile efforts of the stammerer to pronounce a word or a letter, his tongue is lying too deep at the bottom of the cavity of the mouth. The compensation of this defect forms the salient point in her so-called American method. The tongue has continually, even during a state of rest, to be kept in such a position as to enable its tip to lie close to the front part of the palate, or to the alveoli of the upper teeth; and, since it was regarded necessary to maintain this position even during the night, a small roll of wet linen was then placed under the tongue. A series of vocal exercises were supposed to increase the mobility of the tongue and its capacity to carry out the directions of the will. Reading exercises, together with a suitable regulation of respiration, completed the system. Malebouche, on the whole, supported Mme. Leigh's views

* "Magazine of Foreign Literature on Therapeutics," published by Gerson and Julius, vol. xiv., p. 93.

and method, with the exception that he preferred to lift the extended tongue against the palate. He further advocated the pushing back of the lips as much as possible, so as to increase the aperture. Malebouche has, unfortunately, omitted to give the reasons which led him to advise this unnatural position of the lips. Up to 1841 about 400 stammerers were treated by Malebouche, a fair percentage of whom did not derive the slightest benefit.

Before Malebouche gave any description of Mme. Leigh's treatment, it is easily conceivable that many endeavours had been made to gain an insight into the American system. Amongst those who unsuccessfully tried to find out the secret was Cormack (1826), an English physician in New York. Though he met with disappointment, his efforts resulted in his devising other means for the eradication of the impediment. As he supposed the cause to be in defective breathing, it was to the proper regulation of the respirations that he turned his attention. According to his theory, most stammerers try to speak with their lungs empty. In order to remove this abnormal habit, Cormack prescribes a deep inspiration at the beginning of a sentence, and he requires that the words uttered should, as it were, be voiced by a strong current of expiration.

Cormack's principles have maintained their place in the therapeutics of stammering; his name, however, was rendered obscure for a long time, owing to the successes of others, and it was to Colombat that the credit of the discovery, made by those we have named, was attributed. Before the news of Cormack's experiments had reached France, a distinguished medical man of that country, Serres d'Alais, who was himself subject to the affliction of stammering, dissertated upon

the subject in an essay published in 1829. To a certain extent his advice coincides with that of Cormack, both insisting upon the necessity of a strong current of expiration for the formation of words, Serres d'Alais justifying this requirement by pointing out the fact that, when stammering, the patient, with a superfluity of energy, closes the larynx and prevents exhalation. Upon this premise, D'Alais makes it imperative to increase the pressure correspondingly of the column of air thus enclosed, giving it additional force with which to break through the resistances. He also advises the separation of the different syllables from each other by equal intervals and the exaggerated elongation of their vowels. In order to intensify the current of expiration, he recommends movements of the arms, which, in accordance with the severity of the case and the progress of the patient, shall accompany the pronunciation, either of each syllable or of the first syllable of each sentence only.

Serres d'Alais, in a later publication, candidly admits, by the way, that the ailment shows a tendency to return whenever the patient's attention is diverted from the method. In his system we evidently have the foundation of the time-beating method, which, designed already in outline in Dupuytren's treatment, gained a reputation in France under Colombat, and in Germany under Klencke and Blume. The following year brought further publications on the subject by Bell and Colombat, which gave evidence of the vigilant zeal that was shown, practically and theoretically, by experts, who aimed at finding a remedy for stammering and its attendant sufferings.

Arnott, an Englishman, who, like so many others, saw in stammering nothing more than spasms of the

glottis, concluded that the complaint would yield when the glottis was always kept open. To achieve this, the stammerer must join all the words of a sentence together, without pausing, in such a way that the glottis shall be unable to close in the interval between two adjoining words, the connexion required being made by additional vowel sounds. Intonation also played an important part in this system. Joh. Müller and Otto adopted Arnott's method later on, the latter demanding strong respirations, the avoidance of any effort, and the choice of a deep tone for the voice when speaking, in addition to the system already described.

The feature of Colombat's treatment which stands out most prominently is the application of musical time to ordinary speech, an artificial expedient of which the ordinary speaker knows nothing. The stammerer was required to speak in single syllables, all the while observing a certain rhythm by moving the thumb and forefinger against each other. Later on Colombat developed for this purpose a specially constructed metronome, which he called "Muthonome du Dr. Colombat de l'Isère." In addition to this system of time-beating, he introduced into his method other means which, nearly without exception, share the distinction of want of originality: the deep inspirations due to Cormack's suggestion; the drawing back of the tongue and the lifting it to the palate, recommended by Mme. Leigh; the drawing back of the lips, added by Malebouche; while an apparatus constructed of silver and ivory, placed under the tongue for the purpose of pushing it back and keeping it in that position, reminds us only too plainly of Itard's fork.

During the first two to four weeks' treatment the patients were not allowed to carry on a conversation

with any but their fellow-sufferers or Colombat himself, lest the success of the exercises should be annulled by disturbing momenta.

The exercises started with single words, the series being opened by those beginning with vowels; these were followed by others with *b*, *f*, *m*, *p*, *v* as initial sounds, and subsequently by *d*, *j*, *g* (before *e* and *i*), *ch*, *l*, *n*, *r*, *s*, *t*, *g* (before *a*, *o*, *u*), and *c* (before *a*, *o*, *u*). Then followed the reading of single verses and sentences in prose, and, later on, the relation of short stories in colloquial language.

Colombat had a special genius for directing public attention to his efforts, and used it. Renowned medical men were among his referees. The Parisian Académie de Médecine conferred on him the distinction of the Monthyon prize. Before long he established his Institut Orthophonique, where, in course of time, over 600 stammerers received treatment, of whom more than 500 were discharged as cured, if we may trust his credibility. Unfortunately, Colombat was no more scrupulous in the respect of "cures" than many quacks in the present day.

A method applied by Blume in Leipzig is also based on the system of time-beating. He advised breathing exercises alternating with exercises of the tongue, requiring the abdomen to be drawn in for as long a period as possible during the speech drill. As a means of facilitating this object, he recommended the shoulders being raised at the beginning of each inspiration, lifting one arm and dropping it very gradually, until the expiration had ceased and the abdomen was completely contracted. After the organs of respiration were thus regulated, he made the patient pronounce the vowels with a deep chest voice. Then followed the "correct" formation

of consonants, only worth mentioning here, because, in those cases where *d* or *t* caused difficulties, he advised the use of a short *e* before *d* and *t*, and insertion of an *h* behind *d* and *t*. Thus, for example, such a sentence as "Barking dogs don't bite" would be pronounced in this way:

"e-B-harking e-d-hogs e-d-hont e-b-hite."

Charles Bell, whose views on stammering were published in 1832, was unable to give the sufferers any better advice than to begin all sentences with a vowel—advice which was based on the practical experience that the "vowel initial sound" is exposed to disturbing phenomena in a lesser degree, though it is by no means put beyond the reach of spasmodic influences.

In the May of 1843 a sealed manuscript was deposited at the Academy of Paris, which contained a new system invented by Jourdant. This was done at the request of Becquerel, who announced soon afterwards to that learned society that, after having been treated without success for twelve years by Colombat's method, he was cured in as many days by that of Jourdant. Some time previous to the opening of the manuscript the carefully guarded system which it contained was violently attacked by Colombat and Malebouche. Owing to this opposition, Jourdant was induced to give Becquerel authority to publish the secret. The immediate result of this permission was Becquerel's "Traité sur le bégaiement," in which the author endeavoured to divest Jourdant's views of their empirical character and to recast them into a more scientific form.

"The stammerer expends his breath too quickly, and thus prevents it from being made proper use of for the production of vowels and consonants. It is imperative,

therefore, to guard against this defect by regulating the respirations properly. After inhaling, the stammerer has to make a short pause, during which the chest is expanded, while the abdomen is slightly protruded. Then follows the pronunciation of the word, the patient maintaining the attitude described, and setting up opposition to the chest and abdomen going back suddenly. Thus, after the words are pronounced, a sufficient quantity of breath will have been retained for a conscious act of respiration to take place. The whole procedure is divided into three parts, each to be marked by a movement of the thumb: (1) Inspiration with pause; (2) pronunciation of one word or several words; (3) expiration of the remaining air."

Becquerel had not treated more than a few stammerers when he was obliged to admit that the hoped-for results were not forthcoming in several cases. Nevertheless, he thought he would be justified in warranting that the application of the method would lead to satisfactory results in a proportion of trials. In the same way that Malebouche tried to justify the necessity of modifying Mme. Leigh's treatment by pointing out the innumerable failures of his predecessors, and just as Colombat blew his trumpet at the expense of Malebouche's failures, so Becquerel, in his turn, made good use of his opportunity of criticizing, in anything but a favourable manner, the work of Malebouche and Colombat. He informed his readers that their methods had proved an absolute failure with many stammerers, and that the impediment had returned in its former intensity in the cases of many patients who had visited Colombat's Institute. It may be mentioned, *en passant*, that Becquerel, in later years, developed Jourdant's method by combining with it the

gesticulation feature of that of Serres d'Alais, as we gather from a dissertation by Violette (a pupil of Becquerel) published in 1858. We owe to the same treatise the interesting information that Becquerel became less confident of the success of Jourdant's method as years went on, and ultimately even denied the possibility of a "complete cure."

This is also the period which was marked by the commencement of Emil Denhardt's treatment, though it was not applied on an extensive scale until a quarter of a century later, by Rudolph Denhardt. The latter was the first expert who realized that stammering is induced by psychic influences only, and that, in order to effect a cure, it was necessary to apply counteracting suggestions. Unfortunately, like all his predecessors, he made the disastrous mistake of adding breathing and speaking exercises to the psychic measures. Assuming that a stammerer, when speaking, either entirely omits the breathing movements required for phonetic purposes, or carries them out in an incorrect manner, he began by endeavouring to make the sufferer familiar with the conscious use of the muscles of the ribs when inhaling. The mouth must not be opened beyond the breadth of a straw, as, otherwise, the usual abdominal respirations set in, which, in his opinion, should not take a prominent part in the formation of sounds. Great care has to be taken to avoid a premature waste of the inhaled air, and to ensure that the whole of the inspiration be used for the formation of sound. The words of a sentence have to be drawled and pronounced in such a way that they are, as it were, borne by the slowly escaping breath. The whole emphasis is put on the vowel of the first syllable, whilst the articulation of consonants is carried out as quickly and smoothly

as possible. The stammerer has to concentrate his attention on the vowels, and must particularly endeavour to seize the first one with full effect, whereas he has to consider the consonants as an inferior element in the words, and to slur over them easily and quickly. Denhardt thought in this way to attack the tendency of the stammerer to allow the articulation of consonants to predominate over vocalization. He was also of the opinion that a vigorous co-operation of the mouth, especially of the lips, was of the greatest assistance to the speaker. He further laid stress on the words of a sentence being strung together in such a manner that the whole sentence forms a *single* coherent word, as it were. If the stammerer, after successfully commencing the sentence, experiences difficulties as he proceeds, he has to treat the word which has become an obstacle, as he would treat the commencement of a new sentence. He must inhale deeply, elongate the first syllable, and, for a second time, must try to make the sentence into one coherent word. Other rules were made. The sufferer, for instance, should always speak with both rows of teeth as far distant from each other as possible, while a scarcely noticeable "h . . ." was to be prefixed before the opening vowels, in case their pronunciation offered any difficulties. At the outset the patient was frequently placed before a looking-glass, in order that he might see to advantage the unbecoming contortions of his facial muscles, etc.

Denhardt has treated more than 2,500 stammerers, and claims to have cured 93 per cent. The latter figure is more than exaggerated; as a matter of fact, his *permanent* cures reach an appallingly small percentage. Suffice it to say that the author has twice been treated by Denhardt, and that neither he himself nor any of

the many fellow-sufferers he met at Denhardt's Institute, and with whom he kept in touch afterwards, found a permanent cure there.

The juggling with speech of everyday life, which we have met with in nearly all the methods that have been mentioned, is to be most severely condemned, quite apart from the fact that tricks of any description cannot possibly remove deeply rooted psychic resistances. The worst instances are undoubtedly the time-beating methods, such methods having no foundation in the normal condition of natural speech at all. It must, of course, be admitted that the stammerer's attention is directed into other channels by those means, with the beneficial result that the fatal thought of his affliction does not have the chance of intruding as often as it would do. Any system which binds the sufferer to use a way of speaking which deviates from the accustomed norm naturally reckons with that circumstance. So long as the patient is able to make use of those artificial "crutches," the affliction actually decreases *for some time;* and it is in this restricted sense alone that we can grant the right to the champions of such systems to speak of "successes." Unfortunately, the person trained in this unnatural manner only too soon finds himself unable to make use of the "crutches" for any practical purposes. Even the slightest excitement may be sufficient to give his train of thought another direction altogether, with the result that, all artificial support being completely knocked over, the stammerer finds himself a cripple still! It is to be regretted that the time-beating methods are still practised, particularly in the United States of America and in Great Britain, where we find them combined with vocal gymnastics (sometimes even by the aid of dumb-bells), breathing exercises, etc.

After this short digression we will return to our chronologic reports.

Klencke has repeatedly given his views on stammering in detail, the last time he wrote being in 1866. In his treatment he aimed at strengthening the mental control over the respiratory organs and developing these organs by systematic exercises. By various "drills," by means of which the phonic inspiration—the *inspiratio costalis* — should take its proper place, the breathing organs were brought to more intense activity. For preference he applied shouting (in order to strengthen the vocal cords), gymnastics, fencing, swimming, cold sponges, and, to strengthen the lips, he induced the patient to speak for some time with his teeth closed. In the second week the stammerer had to begin practising vowels. After a deep inspiration a short pause was made; then followed the elongated pronunciation of "Ah . . ." until the store of breath was exhausted. Combined respiratory and vocal exercises, after a model devised by Klencke, came last.

The establishment of the right proportion between vocalization and consonantal articulation was brought about by mechanically aggravating the articulatory movements. The most important feature, however—the keeping of a fixed time—was also required by Klencke in his system. In order to accustom the stammerer to speaking according to time, he either gave him a baton or induced him to move thumb and forefinger towards each other, and thus to accompany all his words syllable by syllable. The temptation to leave off time-beating too easily led to a serious relapse. Not until several years later would Klencke allow his patients to lay aside these tricks.

Hand in hand with the respiratory exercises a psychic

and moral influence was supplied by the attendant instructor, the aim of which was to rouse the stammerer's confidence, to give his soul a new verve, and encourage his self-reliance and energy. Viewing the ætiology of the affliction as he did, it is self-evident that Klencke would also apply medicinal means. Being under the impression that the cause was to be found in a disorder of the nervous system or in scrofula, he endeavoured to attack these causes by prescribing belladonna, opium, iodide of potassium, etc. His chief point, however, was the didactic side of the treatment, medical remedies playing quite a secondary, but not always an unimportant, part.

Chervin, another enthusiast in the cause, who practised in France and Belgium, required a period of complete silence at the commencement of the "cure," a prescription derived very probably from Katenkamp, who considered that the actual treatment of the patient should not begin until he had abstained from speaking for a period of six weeks. If within this time he happened to have the misfortune to break silence, he must regard the injunction as commencing again from that day. The fundamental idea of this peculiar proceeding (approved also by Wineken and others) was adopted in Chervin's system, otherwise the latter does not contain anything but forced gymnastics or training of the respiratory, vocal, and articulatory organs, which occupied the patient from 7 a.m. to 6 p.m. It would be futile to reproduce a series of those exercises, as all of them show clearly that the leading principle and the main momenta are anything but new and original.

For the correct execution of the exercises the teacher serves as a model to the patient. The principle of "imitation" laid down here will probably have been

applied by anyone who has honestly tried to remove impediments of speech. What is further recommended by Chervin—such as slow speaking, opening of the rows of teeth, the accompaniment of each syllable by a "natural" movement of the hand—contains nothing that we have not already met with.

Since the time of Mme. Leigh and Cormack, the regulation of the respiratory functions occupied rather an important position in the therapeutic prescriptions relating to stammering. With the time-beating method (especially in the style which is particularly associated with Klencke's name) systematic breathing exercises form, as it were, the basis of treatment.

This close connexion has, however, been broken up in comparatively recent years by Coën, who, during the first four weeks, filled the time exclusively with respiratory exercises. This training enables the patient strongly and completely to inhale for fifteen seconds, to retain the inhaled air for sixty seconds, and to regulate the expiration quite arbitrarily—*i.e.*, the stammerer has to learn at will to carry out the act of expiration quickly and strongly, on the one hand, and slowly and in a prolonged manner, on the other. Later on, both inspiration and expiration are also practised in a combination of intervals of certain durations. Not before the beginning of the fifth week are vocal gymnastics added to the treatment. These are arranged in such a manner "that they are apt, on the one hand, to stimulate and strengthen the action of the muscles of the larynx, and, on the other hand, to increase the elasticity of the vocal cords and of the muscles of the thorax." After a deep inspiration the single vowels are formed as long and as loudly as the breath and the voice of the patient will allow, making the tone gradually swell to

greater force, and then, as gradually, to die away. In further pursuance of the exercises, the connexion of several vowels during one expiration is then taken up: *a—e*, *a—i*, *a—o*, *a—u*; *a—e—i*, *a—e—o*, *a—e—u*; *a—e—i—o*, etc. In order to avoid too strong a tension of the ligaments and the irritation which would result from it, Coën forbade his male patients to use the *falsetto* notes. At the ninth week the exercise of the so-called speech drill commenced, which consisted of exercises in syllables and the reading of poetry and prose.

To attack the abnormal innervation which is the fundamental cause of the affliction, Coën applied electricity, certain medicines (ferrum, quinine, and opiates), and suitable hydropathic remedies, such as cool demi-baths, to be taken daily.

The duration of the treatment generally averaged about 140 days, though Coën mentioned 48 days as sufficient for slight cases and up to 310 days for severe ones. His statements in his different publications about permanent cures and lasting improvements are very contradictory. Like his colleagues in the present day, he has not been careful to avoid "terminological inexactitudes."

As we saw, Coën (together with Klencke, Kussmaul, and others) applied medicinal means in his treatment of stammering in addition to his curative pedagogics. The application of medicine as the chief part of a cure has been tried in recent years, but never with any success. Mercurialis, Schulthess, and Romberg were altogether unsuccessful in their mode of treatment. Now and then the efforts of medical and non-medical advisers, enthusiasts in the department, have been productive of very curious results. About twenty years

ago a medical expert in defects of speech, Gerdts of Bingen in Germany, applied a tincture consisting of rectified alcohol, peppermint oil, and chloroform, the object of the concoction being to "still the cramp of the diaphragm," to which he attributed the cause of stammering. Schmalz, whose name is respected in the field of aural diseases, suggested an embrocation of petroleum for the throat. The application of this remedy produced, particularly in Sweden, a nearly invincible distrust of any treatment for the infirmity, a distrust which lasted for several years. Later on, Langenbeck experimented on stammerers by inoculating them with croton oil. Needless to say, this also proved futile.

No doubt many more such instances could be recorded if everything that has gone on in the privacy of the medical man's consulting-room were made public. One can easily understand that, until quite recently, the non-success of treatment through the ordinary channels of materia medica has necessarily caused stammerers to seek relief from their distressing symptoms by other means, and electricity has been one. Coën allowed electricity quite a secondary place in his treatment; while others (among them men of renown) thought that they had found in this science the most valuable, if not an altogether conclusive, curative agent for the complaint. Others, however, assumed a calmer, and some even a sceptical, attitude towards this new departure. Klencke declared positively that he had never come across any lasting results from electrical treatment, and Rosenthal's experiments proved that the continued application of the inductive current to the head, larynx, and hypoglossus was absolutely futile. Unfortunately, owing to spacious advertisements, the

conviction is deeply rooted in many minds, even in the present day, that the "marvellous curative influence of electricity" will ultimately triumph over the impediment, in spite of all previous failures.

To the medical faculty, then, we may attribute efforts made (in all good faith, we are sure) to cure stammering by applications of medicine and of electricity, as well as the surgical operations of Dieffenbach seventy years ago. Well-known medical men, who have made the deepest possible study of the subject, have been able to cure neither themselves nor others of this malady. This is the chief reason why, gradually, the work was taken up by non-medical men, some of whom have put forth stupendous energy in their efforts to solve the difficult and apparently insoluble problem. A host of minor satellites, who have thrust themselves into the arena, deserve to be pilloried, as being responsible for a shameless charlatanism, which blots the pages of the history of this subject. Men of positively no education, without experience, without insight into so much as the nature of stammering, have the presumption to offer their help and to describe their treatment (save the mark!) as infallible. That such persons never entirely disappear from the scene, but continue to maintain a "successful" existence, must be considered a proof of the regrettable fact that a large number of people are still to be found who are easily cajoled and victimized. It is, however, not only the illiterate who are thus engaged; sad to relate, many self-styled experts, with education enough to make themselves well acquainted with the subject, imitate systems, such as we have put before our readers, and play a daring game with them. Needless to say, these systems always come before the public as the "quite new and original method of" so-

and-so. And, crowning all other unscrupulous adventurers, we must not omit to mention the quack doctor who eradicates stammering in little or no time with some infallible drug.

After this digression, we are glad to return from our necessary trip into provinces so unpleasant. We have, however, but little to add to what has already been told of the various modes of treatment.

In the course of the last thirty years a system for the cure of stammering has found a very considerable circulation in Germany and Austria, namely, that "originated" by Gutzmann of Berlin. It represents, however, nothing more than a slightly altered imitation of Denhardt's method. Its notoriety was not due to the merits of the system, but solely to its being adopted by the Boards of Education, which, since 1886, have endeavoured to attack the impediment while such children as were affected were passing through the scholastic period. Special courses of treatment under trained teachers were provided. Similar efforts have been made in Great Britain in recent years. While respecting these praiseworthy endeavours, we fear that the hopes entertained of success have not been realized. Circumstances make it impossible for the treatment to be individual, or to influence the pupil's life outside the school, since the child, when once emancipated from the teacher's suggestive control, necessarily falls back into its old habits of stammering.

As far as we are aware, there have been no further developments of treatment which can lay claim to any originality up to the end of the last century. Many so-called experts have wisely avoided publishing their methods; but, to judge of the results obtained by these "secret systems," it is very unlikely that the public

would be benefited were their "discoveries" made generally known. Our own close investigations entitle us to some amount of confidence in the assertion that we should in these secret methods probably meet with nothing but old acquaintances. To give only one illustration, we will quote the principles of the system developed by Beasley, which has been more or less imitated in recent years by several other "specialists" in the United Kingdom. The fourteen rules of which this system may be said to consist are as follows:

1. Think of clause to be spoken (imagine it written).
2. Drop lower jaw slowly and smoothly.
3. Open mouth in position "Ah."
4. While opening take good breath easily from abdomen.
5. When coldness in glottis is felt let breath return.
6. Start and get a good hold of first syllable.
7. Form words on continuous sigh "Ah . . ."
8. Speak slowly; elongate the vowels.
9. No pressure, no effort, no hurry.
10. Emphasize final consonant of each clause only.
11. Completely exhaust the breath at the end of each phrase.
12. Never hold the breath.
13. Before any difficulty say "Er . . ."
14. Keep up the continuity of the sound.

Any comment seems superfluous, since the rules contain nothing that has not already been known for years.

Fortunately, during the last decade those who have sought a cure for stammering have gradually been led into the right path and have started from a correct basis—namely, that a stammerer is not, and never has been, lacking in the faculty of carrying out all the

"movements of speech" correctly. What does happen is that he experiences a momentary hindrance by hampering *mental* impressions. Thus, intelligent investigators reject more and more conclusively all tiresome exercises which aim at a systematic training of the organs of speech, having at last begun to realize that the stammerer *can* speak, provided that no psychic influences interfere. Speech drill of any description is seen by such investigators to be utterly superfluous.

There have been different ways and means applied to remove the psychic obstacles which make stammering an obsession. The psychic therapeutics employed for the removal of these inner hampering influences may be divided into three categories, in which the first and second are closely related:

1. Actual hypnosis or trance.
2. Verbal (non-comatose) suggestion, or commanding suggestion, as it might be termed.
3. Educational method, with or without the addition of auto-suggestions.

In the first case, the patient is put into a state which excludes arbitrary actions and suspends consciousness more or less, thus becoming a puppet, with no will of his own, in the hands of his hypnotizer. In the second case, an attempt is made (without noticeably influencing consciousness and automatic functions) to shape the patient's impressions, feelings, and actions after the commands or persuasion of the suggester. In the third case, an effort is made to influence the patient in an educational way by a more definite appeal to his intellect than to his faith in authority, and it is required that the sufferer shall take an *active* share in the cure. He must try to regulate his train of thought and dispose his actions towards the endeavour to get

cured, and must bring his will into harmony with this desideratum.

Hypnotic and non-comatose (hetero-) suggestions have been known to improve stammering temporarily, but the effect mostly wore off by degrees. In the end these means, like so many others, failed in their object, in spite of the great hopes raised by the promising experiments made with hypnotic suggestions in Nancy, Paris, and elsewhere. Of the factors which contribute in hypnotic suggestion towards temporary improvement, we shall have more to say later on.

With regard to educational therapeutics, we are glad to be able to state that beneficial and lasting results have been obtained, especially in cases where the patients have faithfully co-operated by means of intelligent auto-suggestions. Of those who fight in the front rank for educational therapeutics we may mention Dubois,[25] Rosenbach,[52] Payot,[50] and Lévy.[39]

But even thus far it had not been realized that the problem of "dread" represented the essential point of all forms of hysteria, phobias, and obsessions. The phobias, including stammering, had hitherto been the hieroglyphics of neurology; queer signs were observed, yet no one was able to interpret them. It is especially due to Freud that we are at last enabled to decipher the cryptology of neurotic people. Freud's psycho-analytical treatment has during the last few years been applied to the cure of stammering as well, and the results have been so excellent that experts like Stekel, Adler (Vienna), Jung (Zurich), and others are thoroughly convinced "that in future the therapeutics of stammering can only be psycho-analytic." What this treatment is, and on what extraordinary discoveries it is based, we shall fully explain as we proceed.

On looking back at the history of the attempts to cure one of the most distressing afflictions that flesh is heir to, we cannot fail to notice that each of the different attempts, even the quite irrational ones, did, at least in the beginning, show some results. Though a large amount of self-delusion may have crept in, or the old motto "Mundus vult decipi, ergo decipiatur" may have been acted upon, a remnant of cures undoubtedly can claim reliability. We shall later have the opportunity of showing in what manner this fact may be explained.

CHAPTER III

MECHANISM OF SPEECH

IN order to prove our contention that all forms of speech drill can be done away with and that stammering can be treated solely by psychic means, we will present the affliction in its various forms, and, in order to facilitate matters, we will give illustrations from its counterparts. In the first place, we will picture the manner in which normal speech is brought about—that is to say, how a child learns to speak. Dr. J. Wyllie, in his book entitled "The Disorders of Speech," speaks with regret of the small advantage that is taken by "the medical parent" of the opportunities he has of noticing "the phenomena presented in the course of the development of speech in his own child." This, however, he proceeds to say, "is a tedious process, requiring much self-denial and patience," and he mentions Charles Darwin and Professor W. Preyer as having been amongst the few who have made these observations with great perseverance and success. In the second place, we will notice what processes in the human organism are brought into play with each normal act of speaking.

The use of articulate language demands movement of the mouth; a person opens, closes, rounds, purses up his lips, and so forth; occasionally, when lips and teeth part, the tongue becomes visible, now in this,

now in that position. When looking closely, one further notices that the front portion of the throat takes part in the process of speaking, and, finally, that the chest works more noticeably than usual, expanding and contracting more quickly, whereas in times of silence—in normal sleep, for instance—the heaving and the lowering of the thorax show about equal duration.

All those movements, the collective acting of which causes vibrations of the air, we term articulate language; all those movements of mouth, larynx, and lungs are caused by the contracting of certain muscles and the simultaneous expanding of their counterparts within the organs mentioned. As everybody knows, with the movement of any part of the body a pair of muscles or parts of them are in mutual action with one another. When a part of the body, owing to the contraction of one muscle, has undergone a change of its position, the same muscle is not able to regain the original position, but a second muscle is required, by contraction, to move that member of the body into the opposite direction.

All muscles that we can move by an act of our will—the muscles which close and open the mouth, for instance—are connected by nerve-fibres with the central station in man—the brain and spinal cord. When one of these nerve-fibres is reached by a stimulus, the corresponding muscle reacts with a contraction. When, therefore, during the act of speaking, now these, now those parts of mouth, throat, and chest move, such movement is caused by contractions carried out by this, then by that muscle; these contractions, again, are the results of irritations or stimuli of the will which reach the different nerves.

In order to produce a single sound—*e.g.*, "Ah!"—

several contractions of muscles are required, and also several nervous stimuli, which partly follow each other and partly march side by side. A child (as will generally be known) does not bring into the world the art of enacting this multifarious play of nervous stimuli. What he brings with him is, apart from the organs required for speech, a certain predisposition for speaking, which he owes to countless previous generations. Thus, certain parts of the nerves are more sensitive than others; consequently they can be put into action more easily. The art of speaking, however, has to be gradually learned by the individual being, and the practice of this art commences very early. The first cry with which an infant, unpleasantly affected by the sudden change of temperature, salutes its new environment, initiates this — always unconscious — practice. Mostly to the annoyance of his nurse, but much to the advantage of his cultivation of speech, frequent outbursts of crying follow later on, induced either by hunger or by any feelings of inconvenience or dislike. The child whose ear soon opens and gradually awakens takes in his own crying with his mind, and, by the synchronism, presently notices the connexion between the movements of the muscles he feels and the crying he hears.

Those paroxysms of crying are, as already mentioned, induced in the nervous channels by feelings of dislike. These feelings live in those nerves which are termed sensorial. From these sensorial nerves, those nerves are stimulated by reflex action which are connected with muscles, and more particularly those motor nerves are influenced which, owing to heredity, are easily accessible by nervous stimuli—viz., the nerves connected with expiration, the vocal ligaments and the

mouth, on the one hand, and the nerves moving arms and legs, on the other. In other words, when feelings of dislike arise, the child cries and moves his arms and legs about.

These muscular movements do not always show the same intensity, the intermittent actions of the child, when moving his arms and legs about and when crying, alternating with each other. This is evidently connected, on the one hand, with the varying intensity of the feelings of dislike, and, on the other hand, with conditions of exhaustion in the motor nerves. In the same degree in which the feelings of dislike and the strength of the nerves rise and fall during the paroxysm of crying, the intensity of the crying voice alters. Sometimes the crying increases spasmodically, and assumes the timbre of wilfulness or obstinacy; only a small amount of intention seems to be united with the crying, so that, in this period, the child is already acquiring the capability (by influences of his will) to put in the background the reflex character of crying after it is once started by feelings of dislike. These moments, where feeling makes room for volition, augment from day to day, especially when the infant notices that the nurse responds and helps him. They are of the greatest importance for the development of speech: each of these acts of volition, each obstinate cry which sharply interrupts the reflex crying, helps the child to leave the latter period and to pass on to that of arbitrary production of sound.

Progressing in his mental and physical development, the child, according to the mood which is prevalent—here, also, the feeling is the mother of the sound—soon begins to crow or to yell, and, occasionally, even forms a cultured sound in addition to the other "wild" ones.

At first the exercise is quite unintentional; in time, however, the child hears the playful sounds, and, not rarely, finds a delight both in his momentary products and in the muscular movements inducing them. This feeling of delight induces the baby to repeat such sounds and to utter over and over again his "bbb," or his "ah-ba, ah-ba," or "ah-boo, ah-boo," and so on. These repetitions, therefore, are no longer a mere product of chance, but the child has been induced, owing to his pleasure in the tones of his voice and his muscular movements, to produce those sounds spontaneously by the aid of the nerve-channels which had just been stimulated. The repetitions are the second bridge leading to the conscious production of sound.

Let us suppose baby is feeling very comfortable in his cosy crib. The child's attention then lives quite in the sphere of feeling, and—in moments of supreme comfort—without intention he stirs those nerves and muscles which, particularly "sensitized" by the practice of previous generations, produce tones of a contented description, such as "ah-boo," uttering the sounds even perhaps a second and a third time. By degrees the child becomes attentive to the melodious tones—that is to say, his attention is now diverted from the sphere of feeling to that of hearing. When, however, the sound has died away, he returns, under the influence of the warmth of the bed, into the sphere of feeling; again resounds the tone, and again baby pricks up his ears, and so forth. When the child is somehow reminded of this tone later on, the sense of comfort need not fully reach that previous degree, the joyful thought of the sound heightening contentment up to the intensity required. So soon as this degree has been reached, the feeling of comfort again induces that

sound. Thus the sphere of hearing, through the sphere of feeling, is connected with those nerves which produce sounds of speech. As it is with the child, so we find it with the adult. It is not necessary at all to suppose that hearing seeks for other ways to the organs of speech than those which are opened up by comfort. As is the case with the baby, so later on in life a comfortable frame of mind and a desire to talk are also in a pronounced proportion to each other. When we are in an extremely happy mood, only a very small inducement to talk is required to make us squanderers of words; whereas, when we are down in the dumps, it requires somewhat stronger interests to draw even scanty remarks from us.

When we think of a sound, certain auditory nerves (that is to say, their inmost fibres) at the same time move in us in a fixed succession, connexion, and time; and each sound, thought of quietly, induces, in the way just mentioned, a group of irritations in the centre of word-locomotion, again in a fixed succession, connexion, and time. When, for instance, the child thinks of that "ah-boo," the connexion between the two centres immediately becomes outwardly noticeable, and the child utters that "ah-boo," provided that the sphere of feeling is sufficiently stimulated. In the ordinary way both centres are separated from each other; we mostly think silently. However, when the interest in speaking increases, and the pleasure of speaking is not restricted by more powerful factors, that separating layer is broken through, by reflex action, as it were, and the group of irritations corresponding with the silent thoughts at once begins its action in the centre of word-locomotion. As, at first, with a senseless word-image, so, later on, with single sounds, syllables, and words,

a corresponding group of successive irritations is associated in the motorium. According to individual habit and momentary intention, these pairs of groups are large or small. A complex of words flowing from the mouth in succession, without a pause, seems to be connected with a corresponding complex of thoughts, so that we need only once think of such a structure of thoughts to make it rattle out mechanically, like a chain, in the motor apparatus, without our being conscious of all the details. In other words, while speaking a sentence, we can already think of the next one, to a certain extent. The more frequently a child, in repeating the sounds, uses those junction-lines between the word-image centre and the word-locomotion centre, the more traversable they become; the more that layer separating them seems to lose its resistance, the more easily the feeling of comfort induces the action of the organs of speech.

By the aid of those trained junction-lines between the word-image centre and the word-locomotion centre, the child ultimately begins to repeat also such sounds and syllables which he has not spoken himself for the first time, but has heard from his environment. We will suppose that the mother has shown the child how to pronounce the word "papa." At first, conducted by the ear, in the word- (or sound-) image centre an impression is induced in the shape of an irritation of certain nerves, in a fixed succession and intensity. The child likes—the word being of the nature of music to him—to find pleasure in the same sound once more; the imitative instinct begins to take rise, which induces the baby to mimic the word "papa." Having already a certain routine with the articulation of "bbb" and "ah," he, after several failures, ultimately succeeds in

producing "bābā." That sound is, to a certain extent, like "papa," but is not quite correct yet. The child himself perceives the difference very well, owing to the control carried out by his ear. Further exercises, strongly promoted and supported by his mother's commendation, eventually produce the wished-for word "papa." The joy at this achievement generally finds its jubilant expression in frequent repetitions of the acquired word.

In the same way, as with *b* and *p* and *ā* and their connexions in *bā* and *pā*, the baby gradually learns to pronounce all vowels and consonants—that is to say, more and more paths between the word-image centre and the word-locomotion centre are formed. Having thus, to a certain extent, learnt how to form all the sounds which are used in the language of his environment—following the principle of imitating first those sounds which appear easiest to him, and then the more difficult ones—the child tries to consolidate his possession by vigorously practising, in a playing manner, the innumerable associations of vowels and consonants, which become syllables and then words.

Already, with the first awakening of the senses, the auditory word-images begin to be connected with the images of persons and the things signified by them; so, for instance, the word-image "papa," heard by the child, is associated with the image of the person thus called. All these images of persons or things together form a third centre, the so-called centre of ideas. It is therefore at a very early age that connexions between the word-image centre and this centre of ideas are formed. The more frequently the nervous current (or, psychologically speaking, the child's attention) travels from one centre to the other, the firmer and more

fluent become those connexions, and the better he understands what is meant by the word "papa," and the word presents itself in his mind with increasing facility when he thinks of his father.

When the child, on seeing his father, wishes to call him, and therefore utters the word "pāpā," first the word-image centre has to be stimulated, and only from here—not immediately from the centre of ideas—the centre of word-locomotion can be stimulated; in other words, a word has always first to be thought of silently before it can be uttered.

Thus the child soon begins to combine ideas with the words which he hears, and amongst the words imitated by him frequently those are found to which he attaches a meaning. This stage represents but first steps. A moment comes, however, when, looking at an object, the characterizing word occurs to the child (for example, when looking at milk, this word enters his mind; or, inversely, when thinking silently of the word, at once the impression of the corresponding liquid is associated); not until this moment does speech begin to become a *means of thinking* to the child. When, from this moment, the child longs for the milk, he at the same time (at first rarely, then more frequently) thinks of the word "milk"; from now the movements of his arms more and more adopt the character of gestures which are connected with the word thought of.

When ultimately the child occasionally succeeds in uttering such a word simultaneously, he has reached a still higher stage: speech has now become to him a *means of expression*. According to the tone with which he utters the word "milk," it means either "I want to have milk," or "That is milk," and so forth. Before long two words are pronounced one after the other,

and thus, when two impressions are brought into relation with each other, almost a sentence is evolved—"Milk hot." Verbs also enter into the circle of conception, at first in the simplest form—"Have milk." Later on they are—often, of course, in an ungrammatical manner—conjugated too—"Baby eated." The number of words spoken in *one* breath, by degrees, grows, and finally the child also learns how to give the words the grammatically correct position. All this progress is made by first repeating the words like a parrot, thus impressing word-images on his mind, and afterwards forming the expression of his thoughts independently.

As it is a long, weary road of development and training that a child has to travel before he masters articulate language, to a certain extent, it is not to be wondered at that not a few (temporarily) stumble on the way. Some need plenty of time for a distance which is traversed by others at a flying pace. The desire to speak, the temperament, the fitness for education varies with the individual, while the impulse of speaking which the environment supplies, and last, but not least, the physical disposition, all combine to promote or to retard the child's progress. Most children understand more of the words spoken by their parents, brothers, sisters, etc., than they are able to pronounce themselves, and in many there exists the eager desire to say things which they find still too difficult to utter; in short, a disproportion often becomes apparent between conception and imitation, on the one hand, and between the desire to speak and the capacity to do so, on the other. Especially important is the latter point. Very lively children are eager to say as much as possible in the quickest time available, but their organs of speech are

not trained enough yet to follow such haste of thought; they are then inclined to exert themselves, and to increase the pressure on larynx and mouth. In this way not only the speech nerves are irritated beyond measure, but the children also feel the incapacity of their organs of speech. This enters their consciousness, causing them to dislike speaking, though this dislike appears only very momentarily. Two influences, therefore, meet here in an injurious way—a physiologic and psychologic one; their intensity gradually increases from one action connected with speech to another, unless more powerful physical and psychic proceedings counteract them and remove their traces. In nearly all cases nature succeeds, thanks to the inherited routine of previous generations, in forcing its way through triumphantly, and in balancing gradually that disproportion between the desire to speak and the capacity to do so, but slight reminiscences of nervous irritability (that is to say, slight uneasiness in speaking, owing to intense emotions, dislike of speaking, and embarrassment) become still noticeable for some time to the physiologist and psychologist.

On the whole, certain indications of the manner in which a person has learned to speak are apparent to the attentive and experienced observer by the way in which that person expresses himself. We will now turn to the adult. By a very simple instance we will explain the proceedings which take place with an ordinary speaker when uttering a sentence, and point out those momenta which intervene either in a furthering or in a hampering way.

Supposing a person has to make some remarks on a beverage set before him. First of all, he, of course, tries to find out what *is* standing before him. He sees that

it is a liquid; by its colour and smell he supposes it to be cocoa. Having tasted it, he finds that it is cocoa, and that it contains plenty of sugar, and that it is hot; he feels now that he has burnt his mouth. By means of the senses—viz., of the eyes, nose, taste, and feeling—stimuli (according to physiological conception), apperceptions, impressions, and thoughts (according to psychological conception) are abundantly transferred to the centre of ideas. Here the matter ends in the case of a deaf and dumb person; he continues to work silently with these impressions by putting them in reference to each other. A normal individual, however, at the same time employs the word-image centre. Each apperception—*i.e.*, each irritation of the nerve-channels connected with the four senses mentioned before—is followed up by an irritation of the junction-lines between them (the centre of ideas) and the word-image centre; in other words, each observation is connected with word-images spoken inwardly: "That is a liquid," "It is coloured like cocoa," "It smells like cocoa," "It tastes like cocoa," "It is very sweet," etc. It is, of course, entirely dependent on the choice of the individual as to which of these sentences are to be uttered—that is to say, in connexion with which of them the centre of word-locomotion has to come into action.

Smaller or larger groups of thoughts are, as already mentioned, associated with a smaller or a larger group of stimuli for the motorium. Many a stimulus seems to rush forth immediately and involuntarily. When the person burns his mouth with the cocoa, either a cry escapes him or the exclamation, "Hot!" If he possess a fair amount of self-control, he will use a whole sentence: "This is hot!" "This stuff is hot!" "This cocoa is hot!" In this case the temperature of the

cocoa evidently is the most important thing to him, and this side of his apperceptions, therefore, predominates over the other.

Apparently, the thought of heat predominates, simply because this quality obtrudes itself particularly strongly upon the observer. That these sensorial nerve-channels and, consequently also, motor-channels are irritated depends :—

1. On the *intensity with which the object acts.* If, however, the same person has shortly before tasted a liquid which is hotter still, but quite bitter, he notices the heat much less than the sweetness of the cocoa. Further, the direction which is chosen by the irritation in the sensorium and, consequently, also in the motorium, of speech is dependent :—

2. On the *momentary condition of senses and mind*, influenced by previous irritations and particularly by the individual's state of health or frame of mind. For, when we feel well, everything is impressed more easily on our mind; the nerve-channels seem to be more passable; everything is going like clockwork when we feel very comfortable; whilst, on the contrary, when we are indisposed, we are as lazy in thinking as in speaking. Analogous to the latter state of mind, which induces feelings of dislike, though confined to a shorter time (in comparison, however, acting much more intensely), are certain emotions which burst forth violently, such as terror. Here we see distinctly (it should be mentioned, by the way, that this phenomenon is not absent when any strong feelings of dislike assert themselves) that the organs maintaining the process of life—viz., stomach, lungs, heart, kidneys, etc.—play an important part in these psychic proceedings. The irritation of terror, coming on with great and sudden vehemence,

would annihilate the nerve-channels struck by it, if this irritation did not spread over the whole of the nervous system by means of the brain centres, and were thus lessened. Naturally, this irritation becomes especially noticeable in the motorium. Under the influence of terror, all muscles show the tendency to contract suddenly, whereas the organs worked by them are retarded in their movements, provided that the affected nerves and their counterparts are equally irritable. If, however, the irritability of the nerves differs from that of their counterparts, the movement of the organs is only retarded if the group of nerves chiefly active is less irritable than its opponent, otherwise, a momentary acceleration is the result. This applies both to the voluntary muscles—*e.g.*, those of the organs of speech —and to the involuntary—*e.g.*, the cardiac muscles. We notice the shock of the limbs, owing to the general contraction of the muscles, and perceive that retardation to simulate paralysis. This paralysing feeling is still increased by the anelectrotonus simultaneously induced, by which the influence of voluntary stimuli on the nerves and muscles is weakened.

Fear, dread, anger (at least at the first moment) produce similar effects; in short, everything that causes unpleasant sensations (even good news broken to us suddenly) is in its effects, at first, decidedly disagreeable. The emotions derive their special character from the contents, intensity and duration of the perceptive irritation inducing them. According to the contents, this perception is particularly connected, now with the organs of breathing, now with the organs of the circulation of the blood, etc., by way of association, so that, according to the contents of conception, this or that organ is more affected. This influence is made

unpleasantly conspicuous in the motor nerves—*e.g.*, those of the organs of speech. When dread is directed to the organs of speech, these nerves are afflicted threefold: (1) By irritations of volition; (2) by the irritation of dread; and (3) by attention. He who dreads the pronunciation of certain words, or letters, concentrates on these words particularly frequently and intensely, thus irritating these parts of the word-image centre especially strongly, with the result that, from here, the centre of word-locomotion also receives extremely intense stimuli; it cannot, therefore, be wondered at that the nerves succumb to this threefold irritation.

3. It further depends on *attention* which nerve-channels are irritated (and to what extent) by an apperception. The observer may perhaps just have been engaged in matters which interest him to such a degree that he has no inclination for anything else. The pleasure his thoughts have experienced with that occupation takes the visual point of his consciousness back to it over and over again. To return to our illustration, his attention for the liquid put before him is considerably divided, and he will either take a long time in finding out what he is tasting, or he will set to work very superficially. In the latter case, the traces of his action will not cause deep impressions on his memory, and, further, he will be apt to make some mistakes in speaking when relating his observations; words which are associated with things interesting him far more will crowd forward automatically. Attention itself is not at all times equally fixed even on objects which afford us pleasure. The question why great individual differences are to be found in the capacity of concentrating the attention on one subject, for a longer or a shorter period, will be fully dealt with in Chapter VI.

4. Of great importance is also the *observer's degree of culture.* By a child, all those observations (that is a liquid, that is sweet, etc.) are actually made singly and step by step. The child is first compelled to seek after words for some time; he will apply circumlocutions here and there, and ultimately will produce the sentence word by word, sometimes even syllable by syllable. With an adult, on the other hand, many associations are already trained to work quite automatically, which cannot be carried out by a child without laborious reflection. Naturally, a certain amount of attention has always to be bestowed on the act of speaking; it is, however, directed to different sides of the process of speaking during the various periods of a child's development—namely:

(*a*) In the period of imitating sounds—*i.e.*, so long as the child is not yet able to speak the different sounds as well or as badly as his people do—the child, in the first place, pays attention to the words spoken by other persons; attentively he repeats them silently; tries to say them and listen to his own word-productions, comparing them with the words of other people. He pays attention to the movements of his own muscles only when he intends imitating other people's movements of the lips.

(*b*) In the last part of this period, in which words are connected with thoughts, the child's attention is concentrated first on the thought and then on the linguistic expression; he, first of all, listens to single words, especially to the last ones of a sentence—their image not being spoiled by other impressions at all—and tries to repeat them (echolalia); then he listens to the adult's formation of sentences, and endeavours to emulate him. The attention with regard to the cor-

rectness of sounds and the controlling action of the ear (which, of course, never ceases entirely) is now considerably inferior to his care in regard to the contents and formation of the sentence.

(*c*) Finally, from the end of this period, where the formation of the sentence develops more and more mechanically, the speaker's attention is principally bestowed on the contents of the sentence. An adult, in the first place, thinks of what he is going to say, and only in the second place of the grammatical form; but he pays very little attention to hearing himself speak, nor does it ever occur to him *to watch how he moves his mouth, etc.* He speaks—and that is the result of many years' practice, not to mention the congenital disposition—quite automatically, unless he choose to assume affectation. This is the reason why most people have not the remotest idea as to which muscles have to be brought into action to form the different sounds—that is to say, how they shape the mouth, etc.—when pronouncing, for example, an *a*, *d*, *f*, *g*. Elocutionists and many "speech-specialists" seem to put this fact down to a lack of culture; here we cannot agree with them at all, but, in conformity with one of the most eminent authorities on defective speech,* we see in the fact "that we do not know the construction of our speech-mechanism at all, the *best guarantee* for the smooth performance of the movements, for the correct and quick working of speech. Owing to the will already finding everything prepared and simply adapting the trained mechanism to its purposes, it will achieve the latter most easily. Just as the commander-in-chief, in order to direct the 100,000 members of his

* Professor Dr. Kussmaul, "Die Stoerungen der Sprache," 1881.

well-organized and trained army in the proper way, has to give his orders only in general outline, we merely need, in order to carry out the most complicated movements of our organs of speech, *to have the wish* to convey a thought by this word or that sentence—and we actually utter it; fortunately, we need not to care further about the single actions required in the communication between the countless inner telegraph-stations. When our message is correctly worded and handed in, and if the organism is in normal working order, we can be certain of it reaching its destination." We shall return to this point later on, when dealing with the ætiology of stammering.

5. It is obvious that, for the intensity of the impressions, the *time during which the observation or irritation* lasts is also of great importance; the same applies to the frequency of that influence.

6. It is further not unimportant whether *a long or a short time has passed since the object was observed last.* It is evident that the traces of previous irritations by degrees disappear, if the nerve-channel has not been stimulated recently. We forget what we have not seen nor practised for some considerable time —at least so far as "indifferent" recollections are concerned. We may in an anticipatory way here mention that impressions of memory which have been repressed by a psychic effort do *not* undergo any change, owing to the lapse of time.

Duration and frequency of the nervous irritation, the observer's state of health, his education and the intensity of his attention are, therefore, favourable to the act of speaking and to the previous act of thinking.

The attitude of the nerves with regard to attention teaches us also that smaller interruptions are welcome.

The curve of attention rises and falls—that is to say, each more intense exertion of the ganglions is of itself followed by a relaxation. It is not possible, with the same eagerness, to listen to a speaker for hours; if we should compel ourselves to do so, we feel fidgety, which shows that we do something unnatural. For this reason, every speaker earns the thanks of his listeners, if, from time to time, he either makes a pause or recapitulates briefly, thus giving them the opportunity to rest, to a certain extent. In fact, it is somewhat preferable to listen to an orator who, speaking in a conversational tone, seeks for suitable terms, without any signs of hurry, than to one who rattles off his speech.

In the domain of the motor nerves the want of rest becomes also noticeable by greater or smaller pauses in the action of one and the same muscle (and of one and the same nerve) setting in automatically. When one muscle is contracted, the counterpart takes rest. We find the same in the alternation of accented and unaccented syllables—*i.e.*, of syllables which are pronounced more strongly or less strongly; and if this alternation, this rhythm, please us, we find the explanation in the feeling of comfort experienced by our nerves, owing to this alternation between greater and smaller activity. With each syllable, spoken more gently, the speech nerves gather new strength; such a manner of speaking, consequently, causes us less work, and our organs of speech appear to us more elastic and more able to perform their work. This does not only apply to the recital of poetry, but the emphasizing of accentuated syllables in prose also affords us the same striking facility in speaking. Again, the changing succession of vowels and consonants allows pauses, now to the articulatory organs, now to the vocal cords. Equally

agreeable is the alternation between inspiration and expiration to the muscles of the respiratory organs. In the domain of the articulatory organs, lips, tongue, etc., can alternate with each other. When, however, we have to form two equal sounds immediately in succession, the second one is somewhat harder to pronounce, for the reason that, twice in the same way, exactly the same organs are irritated without a pause; consequently, those languages in which a continual change between vowels and consonants prevails, not only sound better, for a permanency, but they can also be spoken more easily, the different organs of speech coming into action by turns. The pleasure in the alternation and the facility in the action of speaking thus caused refers also to the timbre. The speaker who keeps on using the same pitch will not only lull his listeners to sleep, owing to their nerves being actually overtired, but speaking gives him much more trouble than when changing his pitch frequently. This alteration of the timbre is, in truth, based on nothing else than a change of innervation, by means of which the nerves are given the opportunity of resting, to some extent.

If of all these momenta favourable to the act of speaking one or several are missing with an individual, he will speak less well than somebody with whom this is not the case. The absent-minded, badly educated person, or one who feels out of sorts, may suffer from feelings of apprehension, and be unable to fix his interest on anything for some time—such an individual is bound to speak badly. Speech is, considering the intimate connexion between the centre of ideas and that of the word-images, so closely interlaced with the inmost being of man that it can be rightly called "a mirror of the soul."

CHAPTER IV

THE PATHOLOGY OF STAMMERING

IN order to give a full insight into the nature and origin of stammering, we must start from a collection of good evidence. To this end we will first describe what a close observer notices, what he hears and sees when in company with a stammerer; then what the latter notices himself, especially what he feels and thinks immediately before, during, and directly after an attack of stammering. For the "symptomatology" we have copious material before us; for the first part (observations of a spectator) the profound studies of Ssikorski; for the second part (self-observations of a stammerer) the comprehensive statements of Kussmaul, Denhardt, and others.

1. "An essential primary symptom," says Ssikorski, "is a spasm noticeable in the domain of one or several special mechanisms which together form the faculty of speech as a symmetrical function. As a rule, the spasm rises suddenly in the midst of free and normal speech, momentarily disturbing the articulatory movements or destroying their clearness and integrity.

"(*a*) The *duration* of the spasm is mostly very short, and is only measured by seconds; nevertheless, a paroxysm always forms a sharp interruption of speech, disagreeable to the listener's attentive ear. When the

spasm ceases, the articulation is continued with complete regularity up to a renewed stoppage.

"(*b*) Affected by the spasm are: Either single muscles, or, which is more frequently the case, physiologic groups of muscles or entire associations of single groups, in the shape of a *co-ordinated act more or less compound* which, however, presents all the properties and symptoms of an involuntary spasmodic movement.

"(*c*) As to the *extension* of the spasm, it is first confined to those muscles which belong to one or another component of the complicated speech mechanism; in inveterate cases, and when the single paroxysms are very intense, it goes beyond those boundaries, and also seizes very many other muscles of the body.

"(*d*) The *intensity or degree* of the spasmodic muscular contractions varies considerably; mostly the contractions are very intense, sometimes even extremely intense and painful; frequently, however, only moderate, reminding one of the usual voluntary contractions of the muscles during the act of speaking, which circumstance induced some authors to suppose that these spasms are voluntary, though intensified, normal contractions.

"(*e*) The *point* from which the spasm always starts is formed, now by the muscles at the moment immediately engaged in the movements (*i.e.*, of the articulatory organs), now by the muscles immediately engaged in them (*i.e.*, of the vocal apparatus and respiration). The symptoms of the attack, and the succession of the different phenomena, vary considerably, according to the starting-point and the centre of the spasm, as it were.

"(*f*) The *motif or stimulus* which induces the spasm is formed by movements of speaking which either have already started or are only intended, so that in some

cases the mere intention to speak already brings on the spasm."

Thus stammering is shown by Ssikorski to be a sudden disturbance of the continuity of articulation caused by a spasm which, in a part of the speech-apparatus, appears as a physiologic entity.

2. These spasms—the primary phenomena—have to be distinguished carefully from secondary ones; it is further necessary to ascertain the connexion and genetic succession of both kinds, if we want to recognize the pathological symptoms correctly.

3. It must be taken into account that stammering manifests itself more or less differently in each case; certain symptoms disappear or become much less conspicuous, while others impress themselves on the observer more strongly; others, again, appear to be quite unusual, and some symptoms manifest themselves only under extraordinary conditions.

4. Respiratory spasms must be particularly noticed which comprise a complicated and manifold group of phenomena—viz.:

I. Inspiratory Spasms *

> The patient, previous to the pronunciation of a word, sometimes in the middle of it, or even of a syllable of it (always at the wrong time), suddenly inhales, now more deeply, then more superficially, and now more intensely, then more feebly—even if the lungs are sufficiently filled with air.

On the basis of our own experiences we cannot agree with Bonnet and Ssikorski, who classify these contractions of the diaphragm as involuntary. The patient

* Ssikorski, pp. 48-52.

meets with resistance at the moment he attempts to speak after inhaling; involuntarily he repeats the movement of inspiration, but hastily and shortly, feeling that he has still air in his lungs; again he tries to speak, and again he fails; another dash—*i.e.*, a renewed inspiratory movement—though no air, to speak of, is inhaled at all, nor can possibly be taken in; the thorax, filled to excess with air, expands; nevertheless, another attempt to inhale more air is made with the utmost effort and excessive contraction of the diaphragm, so that even the hypogastrium is drawn in. However, all efforts are in vain; the patient attempts to speak once more, but cannot produce a sound. Deep exhaustion, in the end, forces the unfortunate sufferer to give up further attempts for the time being. The primary difficulty is here undoubtedly a "spasmodic state" in the articulatory region or in the larynx; the lungs work according to the patient's desire, but their movements are merely preparations for the initial effort to break a resistance felt in the larynx. The stammerer notices this resistance either shortly before he begins to speak or in the course of speaking, and spasmodic inspirations occur accordingly. It is obvious that they cannot be classified as "involuntary spasms"; the only resemblance they have to a spasm is in the anxious haste with which they are enacted, especially when the inspiratory nerves are irritated by exaggerated effort and dread of speaking.

II. Expiratory Spasms*

These "spasms" mostly show the same suddenness and "jerky" violence as the "inspiratory

* Ssikorski, pp. 67-78.

spasms," and disturb the continual flow of speech by breaking into its regular succession of sounds. The expiratory spasm, as a rule, does not show itself at the outset, but comes on during the course of speaking; its entry is sharply marked by a sudden increase of expiration, which, by no means, arises from momentary want of articulatory power. The contraction of the abdominal muscles is mostly carried out so suddenly and strongly, that the patient bends forward to a certain extent, while the breath escapes with great tension, speed, and noise; in this way, the economy with which the expiratory air is used, whilst speaking, is largely and suddenly upset by the expiratory spasm; the latter expels both the whole respiratory quantity and the residual air. In severe cases of stammering the expiratory spasm is induced by the intention to speak, and sets up at the first attempt to open the mouth. The position in which the articulatory parts are met by the spasm remains unchanged during its whole duration; the expiratory spasm, similar to a catalepsy, fetters the articulatory organs in their momentary position, as it were, and the succession of the articulatory movements is actually stopped. The same applies to the vocal apparatus. The aspirating sound is more or less of a whispering nature, but never assumes a full or loud tone, the adductor muscles of the glottis never succeeding in entirely carrying out their function, owing to the antagonism of their opponents. At the same time, the adductors of the glottis are able to approach the vocal cords so far that the expiratory air cannot escape so freely as when the stammerer does not make any attempts to speak.

> "Three spheres are in mutual connexion during the expiratory spasm: The organs of articulation, the vocal apparatus, and the expiratory organs; their movements arise, grow, and decrease simultaneously, thus showing the character of conjugate movements."

These complicated symptoms are called "expiratory spasms" by Ssikorski. This term might lead to misconceptions; one would be inclined to think that the spasmodic expiration is the source, the centre, or the most important momentum of the phenomenon. This, however, is undoubtedly not the case; but all three spheres are seized by spasm at the same time. It would certainly meet the case better to term these symptoms as "general spasms of speech," or "spasms in the three spheres of speech." Here, again, the "spasms" are, beyond all doubt, induced by psychic obstacles. Just as in the fairy-tale of "The Sleeping Beauty," by the magic power of the evil fairy, every activity is hampered in an instant (the arm of the cook who is going to box the scullion's ears is suddenly paralysed in the midst of this movement, and so on), the muscles of the vocal and articulatory apparatus are, by an *inner resistance*, at once made captive.

What proportion does hurry bear to these muscular contractions? Hurry tries to obliterate entirely all differences between sounds with quick and sounds with slow muscular movements, by accelerating all simultaneous slower movements to such an extent that they become similar to those which have to be carried out quickly. Thus it damages the distinctness of pronunciation and causes the swallowing of sounds, leading to a contraction of sounds which, being unfamiliar to the tongue, are more difficult to pronounce (instead of

"accusation," "axation," etc.). In short, it throws obstacles in the way for the tongue, which cause it to stumble. We call this faltering *hæsitatio sthenica*. Strictly speaking, such hesitation is merely a stoppage from awkwardness, from lack of readiness; it is due to the same awkwardness which makes us hesitate over pronouncing an uncommon foreign word. Such stoppage is no actual stammering yet; it only shows a certain likeness to it, inasmuch as the speaker suddenly grows dumb. This sudden silence strikes the observer so much the more because hitherto the words had flown from the speaker's mouth with great facility.

Haste and eagerness also promote the repetition of words. This, however, does not necessarily appertain to stammering—not, at any rate, in those cases in which the repetition is voluntary, as, for instance, when the speaker intends filling out a pause. But when this repetition is unconsciously—that is, involuntarily—induced, then it shows a morbid character, and can be termed "stammering." Even ordinary speakers automatically repeat the words last uttered, if they are in doubt as to how to continue. They are more inclined to be stopped by such doubts when they are impressed by the importance of the listeners. The eager thinking of what is to follow induces them to pay much less heed to what is flowing from their lips at the moment. The previous thoughts not being uttered are, however, still so vivid, and the nerve-channels used for them are still stimulated to such an extent, that those thoughts automatically crowd forward again, and the nerve-channels begin to work mechanically when stimulated once more from outside. This applies especially to those nerve-channels which had been irritated last—viz., those which innervated the last thoughts and the last words.

While speaking those words, they themselves hear them, and those words irritate, from outside, exactly the same nerve-channels the stimulating of which, for the first time, had been caused by those words a moment before. Their own words induce a reaction; it is a kind of "echo-speech."

The auditory stimulus of the word uttered by the speaker last, and thus also heard by him last, recalls that very word in the sound-image centre, in which it was alive but a moment before, and from here the motor is stimulated in the same manner as hitherto—that is to say, the word is spoken once more; again the sensorium reacts on it, and again the centre of word-locomotion is set going, and so forth. The process is automatically repeated sometimes three, four, and even five times. Now, having become attentive, the speaker suppresses the automatic repetition by continuing energetically to speak with deliberation. This procedure is, therefore, based, on the one hand, on too great an excitability of the sensorium, and, on the other hand, on momentary inattentiveness. That the whole phenomenon is originally induced in the sensorium and not in the motorium—we call it *repetitio resonans*—is proved by the fact that in the speech-muscles nothing of a spasmodic nature is noticeable.

What we occasionally notice with ordinary speakers, develops into a serious symptom in a stammerer, owing to his neurotic disposition. However, here spasms are missing, too. Ssikorski and others have tried to prove that the cause of the "repetitions" is to be found in a spasmodic respiration. The respiratory movements are supposed not to go together with articulation, thus producing speech with syllables and words spasmodically repeated, but without inducing spasms in tongue

and lips. Ssikorski seems to believe that the syllable following the repetitions cannot be uttered, simply because the necessary breath is missing; owing to the respiratory spasms, only sufficient breath is produced merely to allow the utterance of the previous syllable. When, for instance, a stammerer pronounces the word "analogy," the respiratory movement, according to Ssikorski, suffices for "ana," but not for "logy"; that is why the sufferer repeats "Ana—ana—ana," interrupting each "ana" by a spasmodic inspiration, which does not admit of the pronunciation of the word being finished. That Ssikorski explains the proceeding in this way follows from all that he puts forward, which is based on Sievers' phonetics—namely, that each syllable requires an expiratory movement exactly measured. However, nobody will be inclined to believe that an equivalent quantity of breath which produces "ana" would not be sufficient to utter "logy." No doubt Ssikorski has described the symptoms excellently, but we cannot fall in with their interpretation.

The stammerer evidently hesitates to pronounce the sounds following the repeated syllables; he does not dare to produce the syllable "lo"; undoubtedly he dreads to pronounce it. He starts and breaks off, starts and breaks off again, and so forth. We admit that this starting and breaking off displays an alternation between slight ex- and in-spirations; however, he is certainly not prevented from pronouncing the following syllable "lo," because his breath is spasmodically intermitted or would not suffice, but he retains his breath because he thinks that he *cannot* pronounce the syllable "lo" at the moment. The unfortunate stammerer's whole attention is anxiously focussed on that syllable, while his speech-apparatus is automatically

working, repeating the previous syllable without thinking: "Ana—ana—ana." So long as these syllables are following each other in very small equal intervals, like the single strokes of a clock, we undoubtedly have to deal with that echo-repetition; when, however, the repetitions show increasing hesitations, and do not exactly resemble each other, we have to deal with conscious repetitions. Occasionally automatic repetitions are followed up by conscious ones—namely, the sufferer tries sometimes to delay the moment at which he has to utter the dangerous syllable as much as possible by repeating the previous one (*repetitio syllabarum asthenica*). Those who know this trick will discern this repetition (due to dread) by the fact that a word or a syllable is, in all its details, not the exact image of its predecessor, but that the pitch changes, the last syllable being elongated, and so on. The stammerer waits for the favourable moment to jump over the next syllable by the aid of the sound of the repeated word. Naturally, these repetitions cannot be counted as actual stammering; they belong to those numerous helps which a stammerer applies to combat his impediment. It is different with the echo-repetitions; these are only noticed subsequently by the stammerer—*i.e.*, after they have occurred once, twice, or even three times. Often they escape his notice entirely, so that he is surprised at being told by the listener that he has repeated a word or a syllable. This is not to be wondered at, as the stammerer's attention is already concentrated on the following word, whether it usually causes him difficulties, or whether it occupies a prominent place in the sentence. This looking ahead is particularly pronounced when the sufferer has to read aloud; anxiously his eyes hurry on in advance to espy a possible enemy

amongst the approaching words. But not only when reading is his attention on the *qui vive*, but when speaking also. This tendency to anticipate difficulties is the chief feature in all forms of stammering, and has become deeply rooted by the fact that the patient is continually afraid of being taken unawares by inner (psychic) obstacles frequently cropping up without the slightest warning.

We will now turn to the main source of all paroxysms of stammering—viz., dread. Characteristic with this emotion is the patient's incapacity to keep his limbs still—arms, legs, jaws, etc., move tremblingly to and fro. To judge from appearances, the irritation caused by dread influences the normal innervation to such an extent that now this and now that group of muscles is seized with slight thrills. By vigorously tightening the muscles it is possible to assuage this trembling somewhat, but it is not practicable to suppress it entirely—nay, it seems as if each of these attempts at suppression develops the small quick waves of trembling into larger, slower billows. In so far as these irritations of dread influence the motorium, they resemble the influence of alarm. However, whereas the latter approaches suddenly and intensely, and vanishes as quickly as it appeared, dread dissolves in numerous, small irritations rapidly succeeding each other, and lasts for a longer time, upsetting both the motor and sensorial nerves, and disturbing their functions. Alarm resembles a powerful troop of horses rushing forward like lightning; the irritations of dread, on the other hand, slink about in the territory of the nerves like treacherous guerrillas, sallying forth for some time, now here, now there. The retardations (*major* and *minor*) and acceleration last much longer than is the

case with the irritation of alarm, as the single irritations continue their harmful game for some time, and the influence of the will is consequently debilitated by anelectrotonus for the same period. The waves of dread, by the way, follow each other much more quickly than the convulsions of the limbs may make us presume. The convulsions only occur if a nerve and its counterpart be not reached simultaneously by an elevation of a wave or a depression between two waves, but one by an elevation, the other by a depression. Each wave corresponds to an irritation of the nerve; when these irritations follow each other so quickly that sixteen to eighteen in a second reach the nerve, *retardatio asthenica* degenerates into *hæsitatio asthenica*, or *tetanus asthenicus*.

Slighter degrees of dread are frequently found with children—namely, embarrassment, confusion, and similar asthenic emotions.

The irritability caused by dread can visit any nerve connected with the process of speaking; each nerve is therefore able, under the influence of eagerness and dread, to induce one of the accelerations (*sthenica* or *asthenica*), and one of the retardations (*minor* or *major*) of its organ. Therefore, with regard to accelerations and retardations, twice as many forms of stammering can appear as there are speech-nerves or speech-muscles; combinations are possible, too, which still augment the number of varieties.

Ssikorski confirms our observations by saying: "The phenomena of stammering are so diversified and complicated that, in dealing with this neurosis, the question involuntarily crowds into the mind whether these phenomena represent one distinct malady or different forms of illness combined in a group, owing to insuffi-

cient analysis of the symptoms. The outer form of the malady is so polymorphous that (at the first glance) it seems impossible to group the different cases and to compare them with each other."

We will now continue our criticism on Ssikorski's expositions. He calls those muscular contractions "spasms." However, if they were actual spasms, they would not cease at the same moment as the will to speak is suspended; further, if they were based on real spasms, nobody would be able to imitate, for the purpose of amusement, the paroxysms of stammering so strikingly as is often done.

Ssikorski points out that there is no lack of articulation; the process actually commences; the articulatory organs, however, persevere exactly in the same position in which they were taken unawares by the setting in of the "expiratory spasm." "Strictly speaking," he adds, "it is merely a stoppage." He does not here mention the word "spasm," and such it undoubtedly is not. The sufferer, full of expectation, keeps the outer organs in a correspondingly distressed position to that of the vocal cords. He hears that the vowel will not sound. As soon as the vocal cords approach each other, the position of the articulatory organs changes also; but not exactly as would have been the case if speaking had not been impeded. And this cannot be wondered at if we consider the unfortunate stammerer's frame of mind at the moment! He is quite satisfied if he succeed in uttering the word at all; whether the word "hand" is correctly articulated, or whether he says something more like "h-ond," he hopes no one will blame him for it.

With the "expiratory spasm" it is, therefore, only the muscles of the vocal cords which are withdrawn from the stammerer's free will; whereas the stopping

of the articulatory organs,* as well as the intensifying of the abdominal muscular pressure (the latter had already been realized by Becquerel and Merkel) are solely actions of the will. This phenomenon cannot be termed "expiratory spasm" as matters stand.

III. Rhythmic Spasm of Respiration,† Combination of Inspiratory and Expiratory Spasm

> Before and during the act of speaking the breath goes in and out several times without producing sound. The intention to speak exists. Expiration is interrupted, continued, followed up by inspiration, then again an expiration, and so forth, without a distinct norm. The spasms seem, to a certain extent, to be subjected to the influence of the will. The patient appears to be, for the moment, a helpless and quite undetermined man. The respiratory phenomena are frequently the preliminary symptoms of intense spasms. With the respiratory spasm the listener mostly hears nothing but breathing noises, instead of articulatory sounds; it is very seldom that sounds are actually produced which are repeated as often as inspiration and expiration take place. Continuous sounds, like *f* and *s*, can often be heard pretty distinctly, whilst explosives, like *p* and *t*, are not frequently formed, but are rather like the continuous sounds corresponding to them.

This description alone proves that the "articulatory spasms," as partly admitted by Ssikorski himself, are voluntary actions. As a matter of fact, the patient dreads uttering the next word in the sentence, and actually serious "spasms" mostly break out when

* He can move them at will. † Ssikorski, pp. 78-87.

he ventures to approach pronunciation; it is only with more or less difficulty and indistinctness that he ultimately squeezes out the word. That dread of speaking makes him waver and hesitate; he will begin; the next moment, however, he gives up his intention; again he plucks up courage, and again he loses heart, thus helplessly vacillating between resolution and dread, between dread and resolution. This vacillation in his soul is most clearly reflected in his respiration. The centre of this form of stammering is undoubtedly *not* the respiratory organs, but some part of the phonetic apparatus, the innervation of which stands under the paralysing influence of dread of speaking. The term "respiratory spasms" has, therefore, to be avoided.

IV. Spasm of the Glottis *

With each endeavour to speak, a spasmodic closure of the glottis takes place. The vocal cords do not simply touch each other, as is the case when formation of sound is normal, but they join tightly together. In this way the expiratory air finds the exit barricaded, and this barring of the gate puts an end to the production of voice and articulatory sounds for the whole duration of the spasm. Thus an unexpected pause, a sudden temporary dumbness, ensues in the midst of an even, uninterrupted succession of sounds. The pause does not only occur between two syllables, but may occur also in the middle of a syllable, nay, even during the production of single sounds, causing the dismembering of syllables and sounds so frequent with stammering. The duration of the spasm

* Ssikorski, pp. 89-105.

varies sometimes considerably. Whilst the listener's ear can very easily notice the spasm of the glottis, it is less apparent to the eye. The lack of visible changes keeps the inexperienced observer entirely in the dark about the seat and cause of this disturbance. In most cases the spasm is caused during speaking; in severe cases, however, the mere intention to speak is sufficient to close the glottis. Very frequently the spasm is first caused by the endeavour to pronounce a vowel or an *h*, and, as a rule, the spasm precedes the vowel sound. When the impediment is developed and deeply rooted, the spasms even occur, if no contraction of the glottis take place, according to the postulates of articulation and vocalization. The glottis closes so completely that not even the smallest fraction of breath breaks forth; a mirror held in front of the stammerer's mouth will convince anyone of this fact. Only the adductors of the glottis are contracted, the tensores of the vocal cords are not. Owing to the eager action of the abdominal muscular pressure, the air retained in the inner aerial ducts is pushed against the larynx; the latter is thus moved upwards, sinking, however, as soon as the abdominal pressure decreases. Consequently, the muscles destined to fix the larynx either do not resist at all, or only resist this shifting in an insufficient way. The closure of the glottis is, therefore, the only active proceeding in the domain of the muscles of larynx and throat. In the articulatory region there is nothing of a spasmodic nature noticeable. By the barring of the air and the tremendous tension of the abdominal pressure—the unfortunate sufferer endeavouring to burst open

the lock by force and concentrating all his attention on this point—the blood in his face, eyes, and jugular veins is accumulated, causing the symptom of cyanosis. Many stammerers remain cool so far that the listener can only estimate the inner struggle from the sudden loss of voice and the cyanosis of the face. Sometimes the patients are under the impression that the spasm is subsiding; but when they try to continue speaking the spasm increases anew. The action of articulation does not cease. If the individual, at the moment the spasm of the glottis sets in, wishes to utter a *u*, his lips are rounding and pointing for the *u*-tube; these movements, however, are carried out slowly. The stammerer fairly often repeats them several times, and each time the abdominal pressure is increased. The hollow, short, and more or less indistinct sound which occasionally escapes the glottis, just before its closure, appears so much less like the actual vowel sound, the sooner the glottis closes. The articulatory organs, though on the way to the correct position, are still far from it.

All these observations of Ssikorski are, up to the smallest detail, extraordinarily correct, and the whole description represents an excellent picture of this form of stammering. The explanation of the phenomena is also correct, to a certain extent, inasmuch as it discerns the seat of the serious trouble in the muscles of the glottis, and deduces the other phenomena from the circumstance that the muscles of the adductors of the glottis are excessively contracted.

However, he makes no reply to several important questions, namely:

1. Why does the "spasm" set in *before* the beginning

of the articulatory and expiratory movements which, surely, are innervated with it at the same time?

2. Why does the "spasm" set in, in difficult cases, even when the adductors of the glottis are not in action at all at the moment?

3. Why does the "spasm" get the start of the articulatory and expiratory organs now more, now less; why does it not always run in advance equally?

In the following chapter we shall show that our conception of the phenomena is able to throw light on all these questions. For the present we will only point out that a "spasm" is entirely a misapplication, as the closure of the glottis ceases instantaneously when the stammerer gives up his intention to speak.

V. Vowel Spasm

Under this term Ssikorski* has classed two forms of stammering which, in our opinion, are quite different as to their derivation:

1. *Compressed Breath Voice*

The voice, in spite of the greatest effort, cannot be brought into the correct position; it is like whispering—compressed and hollow, or it sounds suppressed—as if it came from a longer distance than from the larynx. Often abnormally deep, it sometimes appears normal, to a certain extent, though its production invariably makes the impression of an extremely troublesome and straining process, as though the vocal muscles had to surmount serious obstacles. All muscles of the throat which govern the larynx, further, the muscles of the

* Ssikorski, pp. 105-119.

hyoid bone, which, on their part, form the *punctum fixum* of the larynx, and finally the inner muscles of the larynx, show extraordinarily violent contractions. Articulatory movements, though retarded, alternate with each other.

2. *Spasmodic Voice*

The vocal apparatus perseveres in one and the same position for an abnormally long time. The result is an unusually long duration of the vowel sounds, to be found mostly with children (between three and five years of age) who just begin to stammer. Articulation is completely interrupted, the mouth channel stiffening in the vowel position. Respiration is not disturbed.

The form of stammering described under Division 1 has its seat—here we agree with Ssikorski—in the muscles of the larynx. The vocal cords will not relinquish their position of rest. The muscles by which they are kept in that position are contracted against the speaker's will. Evidently, under the influence of dread, one of the two retardations sets in, either *major* or *minor*—preferably the latter. Whilst the glottis should quickly grow narrower, this movement is extremely aggravated and retarded by the appearance of dread. As a matter of fact, the adductors of the vocal cords would not succeed in breaking the resistance of their counterparts unless they were strongly supported by all the muscles of the larynx which take part in the production of sound. Nevertheless, the vocal cords are only approximately brought into the corresponding position. As all those organs are contracted to the utmost, in order to force the glottal ligaments into a

somewhat satisfactory position, the voice acquires an unusual tone—compressed, hollow, dull, whispering. When dread is very intense, the sufferer does not succeed at all in narrowing the glottis; the breath enters and goes unhindered, and the stammerer is unable to get hold of the vowel. If the case be easier, the patient may succeed in forming *h;* occasionally a vowel is joined which is comparatively clear, provided that the stammerer only contracts sharply the adductors of the glottis in order to overcome the abductor muscles of the glottis. However, when he introduces the other muscles into the struggle, the tone, thus formed abnormally, sounds more or less imperfect, dull, and hollow. We are inclined to think that this phenomenon occurs of itself, when all organs engaged in voice production are hampered in their movements—*i.e.*, *retardatio minor*. Under the impression of dread, the whole speech-mechanism naturally works clumsily, so that the harmony of the movements is more or less disturbed. Not only all organs of the larynx work incompletely and laboriously, but also all movements of the articulatory apparatus are depressed, clumsy, and slow. The sufferer feels as if hundredweights were attached to all his organs of speech. No wonder that muscles and their counterparts are, under the pressure of dread of speaking, intensely tightened.

As to Division 2—spasmodic voice—Ssikorski considers the seat of this symptom to be also in the muscles of the larynx. In our opinion, however, the larynx works quite normally. The organs take up the right position without exertion and without overstepping the mark—that is to say, neither the abductor nor the adductor of the glottis are morbidly stimulated in the least. We agree, however, with what Ssikorski says

with regard to articulation: "The articulatory mechanism stiffens at the moment that it enters into the vowel position." The little sufferer—it is mostly children who are attacked by this form of stammering—does not succeed in going from the articulatory position for *o* in "Sophia" into that for *ph*. This transition causes him difficulty; it seems as if it were unfavourable to this particular child. From the position of rest, the child would perhaps be able to enter into the *ph*-position, but he cannot manage the transition from the articulation of *o* to that of *ph*. The counterpart of that muscle, which should act in due course, is evidently irritable, and works, under the influence of embarrassment, more intensely than it ought to do, so that the required movement can be carried out but slowly, if at all; during that time the vowel sound continues to be produced quite clearly until the articulatory movement again proceeds. At first a child suffers from the difficulty of forming intelligible sounds through embarrassment only; later on, however, the suffering is increased by dread of speaking and the fear of "bugbear" letters and words making their appearance. This dread may lay hold of the sufferer to such an extent that he is utterly unable to proceed until the emotion has subsided.

The explanation which Ssikorski gives of the phenomenon dealt with under the next head, is certainly at fault.

VI. Intermittent Vowel Spasm*

Speech is, for a short time, interrupted by a tremulous sound, similar to the bleating of a sheep or a goat, or to a light spasmodic cough, or to other noises the character of which cannot easily be

* Ssikorski, pp. 119-129.

described in words; sometimes the patient is for several minutes unable to utter a single word, and only produces a long series of inarticulate sounds (compared by Ssikorski with the "mute voice"). The sounds have nothing in common with the vowel which has to be pronounced. The cavity of the mouth has now this, now that shape. The patient at that moment does not articulate at all. In this way the spasm we are speaking of distinguishes itself from all other spasms of stammering. The "mute voice" is, with this form of stammering, the result of a series of spasmodic shuttings and openings of the larynx which are entirely involuntary and operate in quick turns. The other form—the tremulous voice—is induced by the vocalization undergoing some modifications with each tremolo; each time the *arytenoid cartilages* move backwards, to a certain extent, while the epiglottis moves forward a little, and the aperture of the larynx widens. Each stammerer has his favourite sound. There are two categories: (1) Loud sounds or noises; the vocal cords, in this case, are nearly in position for speech. (2) Whispering voice; here the vocal cords are absolutely in correct position, the muscles of the throat, which are engaged in the act of speaking or whispering, alone being contracted.

Now, if these phenomena may be called "spasms," we are entitled to say that anyone suffers from "intermittent vowel spasm" who at the moment, immediately before or whilst speaking, clears his throat or interlards his speech with a frequent "er. . . ." We do not think that Ssikorski himself would maintain this point when pushed to such an extent. He must not

speak, then, of an "intermittent vowel spasm"; for expedients which are occasionally used by ordinary speakers to get over any unevenness of their speech are simply used in an aggravated manner by a stammerer. When unable to continue speaking, particularly when the vocal cords refuse to react on stimuli coming from the word-image centre, he, after cautiously opening the glottis to a small extent, makes a breath of air pass it, with the result that a humming or a bleating, etc., is produced; or he allows the vocal cords to go back to the position for whispering, and then sends a breath of air through them. Undoubtedly, it is not his intention to speak at that moment, as he does not articulate at all; he only wishes to make his refractory vocal cords ready for speech, like a musician who tunes his instrument before the concert begins. He does not innervate the muscles of the larynx from the word-image centre, but from the motorium; he, at first, keeps them in the position in which they refused to obey, and then, testing them cautiously, he allows them to leave this constrained position more or less, with the intention of sending a breath of air through. However, when he tries once more to play the vocal instrument which he has thus tested—that is to say, when he wants to stimulate the muscles from the word-image centre (from the *a*, *e*, *i*, *o*, *u*-image), his nerves work just as incorrectly as before; he is again unable to form these vowels, except he be either less eager or less "funky" than previously.

In short, this form of difficulty which, according to Ssikorski, is based on "spasm," is from the beginning to the end a purely arbitrary act of the stammerer, caused by refractoriness of the vocal organs brought about by psychic resistances.

VII. Spasm of the Soft Palate*

Preliminary: The opening which combines the channel of the mouth with that of the nose is, during the process of speaking, mostly shut by the soft palate. It is only opened with the so-called nasal letters *m* and *n;* with *m* the lips are closed at the same time, whereas with *n* they are opened; a closure of the mouth-channel, however, is brought about by the tongue being tightly placed against the teeth. Both sounds do not obtain their full character until these closures open, except if they follow directly upon a vowel.

1. The sounds, which have come in their turn, suddenly intermit, and the patient, in accordance with the temporary position of his lips and tongue, utters spasmodically such sounds as "pm-pm-pm," "tn-tn-tn," or "kn-kn-kn." The main substance of this symptom is evidently caused by the *posterior nares* closing and reopening, thus causing a series of explosions of the soft palate. Here also, as was the case with the "intermittent vowel spasm," articulation is interrupted, and instead, the position for *p*, *t*, or *k* (this closure is not spasmodic) is formed, sometimes with and sometimes without voice. Now the glottis is in position for speech, now it is opened; in the latter case the noise produced reminds one of sneezing, snoring, etc.

2. As in the latter case the nasal channel closes and uncloses, so also in the following case; here, however, this movement occurs only once, whereas it is repeated several times with the "pm-pm-pm" sounds. A child, for example, has to say "shady,"

* Ssikorski, pp. 138-142.

but says instead "sh-n-ady"; instead of "effort," "effm-ort"; instead of "clover," "clovm-er"; instead of "Lissa," "Lissn-a"; instead of "sanus," "sn-anus." The closure of the nasal channel, caused by the consonant or vowel, is followed up by the opposite effect, so that an *m* or an *n* resounds; as a matter of fact, the nasal channel ought to have remained closed.

In both cases we notice that articulation—as is the case with the "intermittent vowel spasm"—is interrupted, and, instead of the sounds to be uttered, sometimes quite strange and odd ones are produced. This indicates that the patient, at the moment, does not want to speak at all. The openings of the nasal channel, to which both the repeated "pm-pm-pm," etc., and the *m* or *n* happening but once are due, are movements carried out consciously, to clear away an obstacle whilst speaking. This is particularly striking with the examples specially given. The inner resistances evidently do not allow the stammerer now to enter into the vowel, now to get out of it, and the combination of vowels with the letters *f*, *v*, *s* causes him difficulties. He tries to overcome them by opening the nasal channel; the *m* or *n* thus produced naturally induces the low resonance of the vocal cords, and facilitates the pronunciation of the following vowel, and, on the other hand, the *m* sounding but slightly leads again out of the vocalization gradually.

VIII. Spasm of the Closure of the Lips*

The spasm of the *musculus orbicularis oris* will be recognized as being one of the most frequent symptoms of stammering; it can mostly be dis-

* Ssikorski, pp. 143-151.

tinguished without difficulty by the closing and the pressing together of the lips; sometimes the lips even take on the shape of a tube, which is quite visible to the observer. In most cases the degree of closure is considerable. The spasm is confined to the muscle which closes the mouth. The disturbances brought about by such spasm first of all concern all sounds in the formation of which the lips take a principal part (*b*, *p*, *m*, *f*, *v*). In accordance with the intensity of the spasm three cases can be distinguished:

1. *Occlusio spasmodica:* a very violent attack; the lips remain closed for a shorter or a longer period; articulation is interrupted, thereby causing an abnormally long soundless pause, "momentary dumbness." The spasm, as a rule, lasts several seconds (with *b*, *p*, *m*); at any rate, it is considerably longer than intervals occurring when speaking normally. If the spasm arise when intonating the sounds *v* and *f*, the latter either intermit entirely, or they are changed to a very short aspiration preceding the closure of the lips. In most severe cases the spasm is not only induced by labials, but also by other letters, such as *d*, *t*, *c*. The mere intention to speak is often sufficient to produce the spasm of the lips. Together with the increased tension of the muscle closing the aperture of the lips, energetic expirations take place which are more intense than those in connexion with the respiratory spasms. The vocal, and particularly the respiratory, apparatus remain intact.

2. *Explosio spasmodica:* a less intense attack; the aperture is forced open when the tension of the breath has reached a certain degree. Like an

explosion the breath escapes, thus producing a *b* or a *p*. Since part of the expired air is wasted and the retained air has lost its elasticity, the spasm of the lips, unless it has come to an end, once more gets the upper hand, compelling the lips to shut again. Immediately the tension of the expiratory air increases again, forcing the lips asunder, and so forth. Thus a series of repetitions of the same letters, following each other in more or less quick succession, is produced, which continues to express itself until the spasm has subsided. Possibly the action of the counterparts also plays a rôle. The weaker the spasm, the more frequent the explosions.

3. *Spiratio spasmodica:* a still slighter attack; the utterance of the continual sounds *m*, *f*, *v*.

The lips do not quite close, but persevere spasmodically in the position previously adopted. The intonated sound continues with unconquerable power as long as the spasm itself continues. The sounds thus produced are not clear by a long way.

During the spasm, the sufferer makes more or less pronounced movements which are intended to form the transition into the next formation of sound. If his disposition be very intense, the spasm of the lips occurs with each articulatory movement in which the lips take part, even when pronouncing a vowel. For example, the patient wants to say "comet." When he attempts to form *c*, the lips close and open after the spasm has subsided, so that a *p* is heard before the word, "p-comet"; instead of "Odessa," "O-b-b-b-dessa." The *o* is followed up by the lips closing, opening, again closing, opening, and so forth. The syllables "dessa" do not join until the spasm has ceased.

Here, again, Ssikorski made the mistake of putting down these phenomena to "spasms," while they are really due to haste and dread, frequently intensified by anticipation. When an impulse of the will is transferred to an irritable nerve, haste and dread have an accelerating influence. Owing to this influence, the lips are pressed together too tightly for *b* or *p* to be articulated (*acceleratio sthenica* or *asthenica c·m productione motuum*).

When, however, in order to open the *b* or *p* lock, the will innervates the muscles which open the mouth, dread has the effect of retarding the movement (*retardatio asthenica major cum abbreviatione motuum*). When emotion is intense the mouth remains entirely shut—nay, with each increase of excitement or dread it may be shut more tightly than ever—but, in any case, the lips will open comparatively slowly.

The lips, by the way, are rigid in very severe cases only; in somewhat slighter forms of excitement and dread a trembling movement is noticeable in the lips, which has been compared by Gutzmann with the mumbling of rabbits. This trembling of the lips alone is sufficient to disclose the cause of this form of stammering, as it involuntarily reminds us of the trembling of our limbs when dread overtakes us. In fact, we have before us a *retardatio*, even a *hæsitatio asthenica*, which is a product of dread. The attention becomes riveted on articulation, and directs the waves of dread to the organs of speech, just as the writer, who is afflicted with writer's cramp, has all his attention concentrated on his movements, and his excitement produces tremor in the irritable nerves of his hand. Now the sphincters, now their counterparts, are seized by the emotional influences. The will attempts to come to the rescue, but

is weakened by anelectrotonus and inner resistances (psychic conflicts play an important part with writer's cramp), and all efforts are of no avail.

The question may be asked, however: Is there no possibility of assisting the will to gain the victory in spite of dread being at work? Judge for yourself.

The series of ganglions and nerves which stimulate the contractor is irritated by dread as intensely as that which innervates the detractor. The more the irritation of dread increases, the more tightly both muscles contract. Now, should it not be possible to force one series of ganglions and nerves, by stimuli of the will, to work so that the counterpart is detracted, in spite of all opposition of dread? If only the stimulus of the will could take effect! The acoustic nerves send stimulus after stimulus to the equally contracted fighting parties, but, unfortunately, none of these reinforcements can reach them. The upper parts of those nerve-channels, especially those in which the motor ganglions are situated, are visited by anelectrotonus, and are practically impassable to stimuli of the will, owing to the continually trembling and quickly alternating currents of dread, which cause *retardatio* and even *hæsitatio* (*tetanus*) in both series of ganglions. It is only occasionally that a single stimulus, when dread is less, sneaks to its party, helping it to obtain an insignificant success; however, when dread is more intense, no stimulus of the will can wedge its way through. The single particles of the nerves are somewhat separated by the currents of dread, so that no stimulus of the will can leap over these gaps which, though very small indeed, are too wide for it. The upper parts of the nerves, when seized by anelectrotonus, conduct no stimuli of the will.

What would happen if the stimuli of the will, owing to such strong pressure of volition as even to be painful, should succeed in crossing those gaps? If all organs, equally excitable, are also equally attacked by the retardation of dread, they continue to work equally, though very slowly. If, however, the organs are unequally irritable, the increase of the pressure of volition would be of no avail. If, for example, the articulatory organs are more irritable than the vocal organs—the former being seized by violent, the latter by weaker, retardation—such an increase of the pressure of volition would suit the articulatory organs, but would be far too strong for the vocal organs. The vocal cords would, therefore, close tightly, and speaking would be quite impossible.

If there are such abnormal conditions in the ganglions and the more frequently used nerve-channels, the patient is helpless for the moment. Even if the pitiable stammerer, before the critical moment, had repeated the bugbear words to himself a thousand times, and even if these repetitions had been done with physiological consciousness, when dread sets in all these exercises are absolutely futile.

The only thing that sometimes helps him is a change of innervation, such as a different pronunciation of the words, a change of the timbre, raising or lowering of the voice—in short, anything that is connected with the quality of sound. The question might be raised: Does this altered innervation arrive at the muscle at all, or is it also kept back by the dread anelectrotonus? Now, this change of innervation, of course, proceeds from the sound-image centre; another pronunciation of the words, an alteration of the timbre, etc., has first to be thought of silently by the stammerer. The more

the altered pronunciation differs from the customary, the more it attracts the sufferer's attention; he, therefore, does momentarily forget his incapacity to speak. His dread is not directed to his next movements of speech, thanks to the helpful stimulus of the novelty; the anelectrotonus and, with it, the irritability of the nerves subside, with the result that the stimuli of the will can now arrive at their destination without hindrance. This is the reason why elocutionists and "speech specialists" *temporarily* obtain striking results with their methods, which frequently deviate considerably from the customary manner of speaking.

The "spasm of the upper lip, nether lip, and of the corners of the mouth," are such rare forms of stammering that we need not discuss them; they influence speaking but very little. More frequent, however, is—

IX. The Spasmodic Opening of the Mouth (Os Quadratum)

which manifests itself in two forms:

1. The jaws are closed, only the teeth are bare. The muscles which open the mouth are intensely contracted, while the countenance becomes strange and woeful; the opening of the mouth is drawn asunder as though by a strange power, and the stammerer appears more helpless than is the case with other paroxysms of stammering. The muscles which raise the upper lip and the corners of the mouth contract violently, giving the mouth a quadrangular form, reminding one of an animal showing its teeth. This spasm is mostly tonic, and often keeps the mouth in this singular position for some seconds. On this general spasmodic basis, as it were, single spasmodic

waves make their appearance in the shape of clonic convulsions in single muscles, or bundles of muscles. The picture thus becomes extremely multicoloured, the single muscles and their groups seeming to wrestle with each other.

2. In addition, the mouth is widely opened, while the lower jaw sinks down.

Articulation is mostly rendered impossible by the spasm; undefinable sounds of a vocal character are sometimes produced.

The *os quadratum* is invariably the result of dread, which suddenly attacks the stammerer at the moment he has opened his mouth—that is to say, while speaking. The *musculus orbicularis oris* does not succeed in closing the mouth, until a very great effort has been made.

Finally, as to the "spasms of the tongue," practically the same causes and effects as we have alleged concerning the "spasm" of the lips apply here also. With the "spasm of the protrusive tongue" the latter is extended, grows stiff in this position, extending more or less beyond the rows of the teeth, and protruding outside, to a greater or lesser degree. Whether this form of stammering is independent or is merely an outcome of the throat being choked, we should not like to decide. In several cases under our observation the phenomenon seemed to represent a special form of stammering by itself, while in a few other cases we were under the impression that it was merely a conscious movement, by means of which the patients believed themselves to be able to "clear the throat." The paroxysms of stammering often resemble voluntary contractions to such an extent that the patient alone can enlighten the observer as to whether a contraction is

conscious or is unconscious, and merely the automatic outcome of dread and psychic resistances. The same applies even more strongly to the so-called co-movements. These can be explained correctly by none but the stammerer himself. He alone can know whether this or that movement of an arm or leg, this or that facial contortion, is intended to help him in his desperate struggle with his refractory muscles, or whether they are induced by inner resistances, on the one hand, and the enormous pressure of volition, on the other, by the aid of which he tries to force his disobedient organs of speech to work. In some cases even the patient himself is not able satisfactorily to explain the origin of those co-movements.

Some movements are undoubtedly apt to aid speech, such as gestures of the right arm. The movements of speech, as well as those of the right arm, are innervated from the left side of the brain. Movements of the right arm facilitate speaking, as speaking, on the other hand, involuntarily furthers movements of the right arm. Very likely the same applies to the stamping of the right foot, by which energetic, angry words are sometimes accompanied. Intense innervation of one sphere aids and furthers, by irradiation, an innervation of the sphere adjoining in the brain.

We will renounce the practically futile discussion of the co-movements. We may mention, however, that Gutzmann,* in a way worthy of acknowledgment, has given a tabulated classification of some co-movements, from which we will here quote one interesting case:

"The patient was a railway official, and had stammered, in a slight degree, from boyhood. After a railway accident his impediment began to increase in a

* Gutzmann, "Lectures," pp. 116-119.

remarkable way. Before long the man was scarcely able to speak at all. At each attempt to speak he involuntarily wriggled about, and was only able now and then to squeeze out a syllable or a word by a vigorous jump forwards. Nobody—not even his own relatives—at first thought of putting his strange behaviour down to stammering. He was supposed to have lost his reason, and was ultimately taken to the lunatic asylum of the Royal Charité in Berlin. It was not until after several weeks' treatment here that Professor Westphal diagnosed the suffering as an extremely severe form of stammering. As generally known, the impediment considerably increases when the patient is in a state of psychic emotion. Now, when Professor Westphal introduced this man to his students with the words, 'Now, gentlemen, I will show you a highly interesting case . . .', the wretched man, by his being characterized as 'a highly interesting case,' became so intensely excited that, at the attempt to insist on the Professor not applying the term 'case' to his person, he jumped about in the room with his fists clenched, without being able to utter a single word."

We will now briefly recapitulate the results of these investigations.

In the centre of stammering stands dread of speaking, which, as momentum of inhibition, hampers the automatic process of the function. When dread causes the sensorium, particularly the word-image centre, to vibrate—which is especially the case when the stammerer's attention is directed to letters and words—the emotion easily transfers itself to those motor channels which have become more or less irritable through constant stimuli from the sensorium. The voluntary movements of these motor nerves are, consequently,

intensely influenced by dread. If the nerve and its counterpart are equally irritable, both of them are equally influenced by dread, and *retardatio minor* is the result. As the proportion of forces working in both of them is now altered, the active nerve cannot innervate as quickly and with such result on the usual stimuli of the will as in times of calm. The organ stimulated by it moves more slowly and does not gain its end until the number of the stimuli of volition is increased. The tremor causes us to suppose that dread liberates single irritations in the motorium which follow each other very rapidly. If a motor nerve is struck in one second by sixteen stimuli of that description, the *retardatio* is turned into *tetanus*. This influence of dread is still intensified by psychic (largely unconscious) conflicts, which counteract the stimuli of the will. Thus it is still more possible that this *retardatio minor*, when dread and psychic resistances are intense, is turned into *hæsitatio* or *tetanus*.

It is easily conceivable that the spacial momentum is also apt to aggravate the disturbances caused by the disastrous influences of dread and psychic conflicts. The organs of speech move within comparatively narrow compasses. How small is the cavity of the mouth, how small the larynx, how minute the glottis! Any *abbreviatio motuum*, and certainly any *productio motuum*, is bound to be accompanied by the worst consequences to these diminutive organs; when the glottis closes but a trifle too much, and also, when it falls short a little of the normal closure, speech is absolutely impossible.

We may, *en passant*, repeat here that writer's cramp is due to the same influences as those to which stammering is attributed—viz., psychic conflicts and

dread. That exactly the same inner resistances which interfere with the normal innervation of speech are at work in the case of a person suffering from writer's cramp is proved by the fact that—as stated by Naumann*—those stammerers who, at the same time, suffer from writer's cramp are not able to write the very words over which their organs of speech break down.

Anything that augments psychic conflicts and irritability also enlarges the basis of stammering, and, consequently, the intensity and frequency of the paroxysms. Everything that causes dread, haste, and eagerness has the same effect. In this psychic domain only a stammerer can be quite at home. It is impossible for a non-stammerer to find his way about in this labyrinth, unless he be guided by the sufferer after each attack.

The number of the momenta which increase or decrease the stammerer's dread is legion. We can only pick out the principal ones:

1. Beginning of a sentence. The stammerer sees the whole of the long sentence before him. He will be obliged to say all that! The more he advances while speaking or reading, the more his task and his dread diminish. This is one of the reasons why stammering is particularly conspicuous at the beginning of a sentence. A further difficulty is to bring the organs out of their position of rest. As a rule, it is easier to get from one word to another than to start speaking. The main reason is that, at the beginning of a sentence, the acoustic help of the previous word is missing.

2. Sounds, syllables, and words at which the patient has already stammered frequently increase his dread, if he notice them beforehand. When speaking, and

* A. Naumann, "Der Schreibekrampf," Graz, 1892.

especially when reading, he anxiously looks ahead, until he espies such a "bugbear." Then his general dread of speaking increases, sometimes causing him to get stuck long before he comes to the terrifying word. Nearly every stammerer has his own particular and personal bugbear letters and words.

3. Each stammerer makes use of certain expedients which he has devised to help him over an attack. Some of these shifts would appear to an ordinary speaker almost insane, or, at any rate, very odd and inappropriate; for example—

(*a*) Many of the co-movements.

(*b*) The writing down of the words to be spoken, so that, in case of need, the stammerer may be able to show the note in a shop, booking-office, etc.

(*c*) The pointing at the objects he wishes to designate.

(*d*) The altering of the arrangement of words in a sentence.

(*e*) The substitution of an "easy" word instead of a "difficult" one.

(*f*) The insertion of redundant words and phrases, such as: "but," "then," "namely," "you know," "I mean to say," etc.

If these expedients can be applied in the moment of danger, dread will diminish, otherwise it will increase.

4. Strong psychic impressions direct attention to other spheres of the senses, so that the domain of the auditory and speech nerves becomes, to a certain extent, free of dread; for instance, travelling in a strange country sometimes has a marked and salutary effect.

5. Being in pleasant company and the use in moderation of alcoholic beverages favourably counteracts dread; on the other hand, the presence of persons

standing in any authoritative relation to the stammerer, especially when they watch him, unnerves him, and may bring about an attack.

6. The existence of accessory circumstances, which would not be noticed at all by a non-stammerer, acts differently upon different individuals, frightening one and calming another, the influence being dependent on the experiences the sufferer has previously undergone in similar circumstances.

7. The recollection of occasions in which he has spoken well diminishes dread, whereas the thought of occurrences at which he has broken down increases it. Brooding over breakdowns and picturing the consequences of the affliction to himself has a most detrimental effect also.

8. The thought that the observer does not know of the infirmity sometimes represses dread; in the same manner a feeling of mental superiority over others, which enables the stammerer to use authority in speaking, has a salutary effect.

CHAPTER V

ÆTIOLOGY

THE function of the brain called "speech" is a psychic manifestation, which is the intermediary between man and his environment. Without speech man would be, to all intents and purposes, in the world, but not of it, except in so far as he could communicate with his brother man by means of gestures, by pictures, or by natural expressions of fear, of joy, or of pain, in cries common to man and beast. With such limitations, it is hardly conceivable that progress along the road of civilization would have made any advance. The communication of ideas from man to man (the object of all language) must find a ready and convenient vehicle, and man himself created, as the outcome of his brain and his vocal organs, that means of communication which we term "speech."

At the root of speech lie the emotions, the impulses of love, of hate, of joy, of fear, which existed in the savage breast in the same degree as they exist to-day in that of the most typical product of the civilization of all the ages.

The love which the prehistoric mother and child felt for each other would find its expression in the same methods as would maternal and filial love at the present time :—

1. By acts denoting love and affection, however uncouth.

2. By affectionate speech, however immature; the former being gradually replaced by the latter.

Speech is secondary to emotion, but is the most important outlet for the emotions to the properly balanced brain. If this means to express emotion be wanting, an abnormal psychic condition is set up, and it is interesting to notice in this connexion that a marked tendency to retire from the world usually asserts itself when a person is afflicted in such a way as to make communication with his fellows impossible or even difficult.

At the root of the emotions lies the desire for pleasure, whether it be pleasure derived from self-gratification or from altruism, as when "the first mother warmed her loneliness at her infant's love."* In each and all a desire for self-gratification is a factor with which we have to reckon; in a child it is the dominating principle. All his efforts at speech are made in order to open up new sources of pleasure; even his expression, first by actions and then in speech, of love for those around him, reflects sensations of pleasure and comfort upon himself, because it is a vent for the natural emotion which surges up within him. Could he, all through his life, give expression to every feeling, whether of love, of joy, of truth; had he no secrets to keep, no antagonisms to encounter, no obstacles to pleasure to face, fear and dread would have no existence for him, and stammering and other "phobias" would cease to be the possible enemy lurking beside every cradle.

It has been said that "to be able to express one's ideas with some amount of accuracy is one of the

* Drummond, "Ascent of Man," p. 372.

luxuries of life." From the earliest years, speech being used, as we said before, in order to open up new sources for pleasure, any impediment of speech becomes an obstacle to pleasure. How does this dire affliction first come about? Civilization makes demands upon even the smallest child; restricted actions, restricted speech are necessary adjuncts in the training of a well-brought-up child: "You must not do this," "You must not say so-and-so." In fact, secretiveness is unconsciously forced upon the child who is brought down into the drawing-room, and fear is developed with every effort on the part of the mother to show her child off to best advantage—fear of strange faces, fear of being unable to do or to say something which will be demanded, fear of saying something which should not be said, which, at least in the neurotic child, amounts to dread. Later on, dread is apt to attack speech itself. The child begins to be afraid of not being able to speak calmly without being blocked; in fact, all who understand the subject recognize dread as the centre and cause of stammering. Thus it will be seen that the impediment is a psychic betrayal, an unconscious complex forcing its way between syllables and words. The affliction is caused by *inner resistances*, which hamper free utterance, and *not* by wrong articulation, incorrect breathing, faulty vocalization, etc.

The neurosis which forms the basis of the impediment invariably starts in childhood, assuming mostly the shape of a pure dread-neurosis. The latter is, unfortunately, but little recognized and little studied. A child who suddenly becomes afraid of the dark and of being alone, will be regarded by an expert as in danger of developing neurosis. Of course, all small children are instinctively afraid of the dark. This fear

is, as Professor Freud[27] points out, the very root of all feelings of dread: "Dread of children is originally concomitant with their missing the beloved person; that is why they meet any stranger with dread; they are afraid of the dark because they cannot see the beloved person in it, but are easily calmed down when they can take the person by his hand." This applies to all children, both to the healthy and to the nervous.

One day, however, one notices that, without a perceptible cause, the child manifests a certain irritability and a kind of exaggerated timorousness. A child who hitherto quietly remained in a dark room now refuses to be left alone or to enter a dark room. He begins to feel shame and to ask numerous and extraordinary questions, such as: "Why are the trees green?" "Why hasn't a man four legs?" and so it goes on ceaselessly. At the bottom of all these incessant questions there is one which has begun to occupy the child's mind. He has come into contact with the sexual problem and feels a libidinous emotion from his unconscious, which is experienced by him as dread. And the one question which occupies the foolishly brought-up child would have to be worded: "Where do children come from?" Other signs of cerebral irritation appear also, such as a strange restlessness, absent-mindedness, and a lack of concentration, in cases where the child has already taken up school-work.

Such a child commences to be restless in his sleep and to suffer from night terrors. Sleeplessness is frequently the first and sometimes the only symptom of infantile dread-neurosis. Some children have dreams of bogies, giants, dogs, wild animals, etc., and start up with a fright; others utter confused words in their sleep.

An analysis of the child's dreams and a minute investigation into his hallucinations will always furnish the same material—viz., an erotic emotion induced by a parent, nurse, servant, a playmate, or by an accident. Ghastly tales of the bogy may perhaps play a certain part, too. But we have reason to think they merely serve as momenta of secondary importance, or they may offer an object for the dread already in operation. The same applies to the overdrawn consequences of a sudden fright (by a cat or a dog, or by a noise, a strange man, etc.). Here the soil from which neurosis sprang into existence was already prepared by erotic emotion, and what took place was merely a wrong association of the shock with that emotion.

We are aware of the fact that most medical men are of opinion that colds, constipation, indigestion, adenoid vegetations, etc., are the cause of night terrors. On the other hand, children's doctors of great experience and capable of subtle observation state that in most cases of "pavor nocturnus" no disturbance of the digestive organs nor any morbid condition of the respiratory and circulatory organs is noticeable, and that adenoid growths are missing also.

A hereditary disposition is, in some cases, undeniably productive of these conditions, children of nervous parents being the most likely to be attacked. However, the connexion is almost entirely different from what the adherents of the theory of heredity believe it to be. A close investigation into the environment in which nervous children grow up will, in many cases, show that there is a special manner in which these little ones are infected with nervousness by their parents.

It is a general experience that the bringing up of children, when accompanied by exaggerated fondness

of parents, induces a corresponding need for the manifestation of affection on the part of the child, a need which craves for satisfaction. So long as such a child is small, that need is fully complied with. The parents, and particularly the mother, are so overjoyed at their child's proofs of love that, in order to reward him, they overwhelm him still more with caresses. Thus the measure of affection increases instead of decreasing by degrees. The child has to go to school. For the first time in his life he has to face the will of a stranger who demands work, but no love nor caresses. How easily may conflicts be produced in such a situation! Having experienced no obstacles so far in transferring his erotic tendencies on to the people with whom he came in contact, he now realizes that the teacher does not meet him in a similar way; the child gets alarmed at a strict word and perhaps begins to cry; school soon becomes distasteful to him, and he does not like to learn. He has a desire to change school and to have other teachers. If this wish be acceded to, the same state of affairs will very likely begin again before long.

The great dangers of the manifestation of foolish fondness for a child are only known to very few parents. These dangers, which are, unfortunately, liable to influence the whole life more or less, consist in libidinous sensations being prematurely aroused. We forget unpleasant experiences only too easily; that is why most adults have no recollection of the erotic events of their early youth. Parents in particular often show great proficiency in forgetting events of this description, a forgetfulness which nearly verges on a pathologic state—viz., hysterical amnesia.

That the sexual enlightenment of a child has become an important problem of vital consequence is proved by

the numerous books which are intended to solve it. Open scientific explanations, according to the child's age, should, we are now told, take the place of mysterious experiences derived from turbid channels. Very well! But we must not imagine that the child's erotic understanding had not yet been awakened previous to those explanations. To think this is a grave blunder. The sexual life of a child does not begin, as we are told in old books, with puberty, but actually from the day of birth. Havelock Ellis[26], Freud[27], and many other experts have proved this fact beyond doubt.

People imagine a small child who cannot yet talk to be unsusceptible of erotic impressions. Whence do they derive their information? The child's brain is a photographic plate which eagerly fixes impressions—no matter whether they are comprehensible to the child or not—impressions which may "constellate" his life to a considerable extent. As a matter of fact, erotic emotions can, later on, be induced only by associations leading to those first infantile impressions. If only people would not act so exceedingly naïvely in these matters! It would not then happen that children sometimes sleep in their parents' bedroom up to their tenth year in order that these anxious people may watch the breathing of the cherished being. The parents do not like to think of the possibility that the children can there receive impressions which are extremely harmful to them. Many an obstinate case of insomnia in tender age and of nightly attacks of dread has thus been caused.

We have, therefore, to start from the premise that all children are capable of erotic emotions, and that these emotions are liable to do their nervous systems harm. It is logical and is verified by experience that the child's

prospects of becoming a healthy individual with strong nerves are the greater the later his *conscious* libidinous life begins. Among those factors which are able prematurely to arouse erotic feelings, exaggerated tenderness has to be reckoned with. There is scarcely any psychologic difference between the tenderness of a lover and that of a mother: both of them kiss, caress, fondle, pet, embrace, hug and stroke. It is obvious that the stimuli of the peripheral nerves conduct the irritations to the same central organs in both cases.

Thus the child receives his first erotic sensations from the persons under whose care he is, and, no matter how we put it, the fact remains that the mother, father, nurse, or nursemaid is the child's first love—that is to say, his first erotic love. This, however, must not be interpreted as if we would condemn tender dealing with children. On the contrary, a certain amount of tenderness is absolutely necessary to further their normal development; but it must not become too great, as they are then prematurely brought into a state of erotic over-excitement. When the child grows older and becomes acquainted with educational restraints and demands, strong inhibitions are brought into play to subdue the power of instincts. As a reaction against the premature erotic emotions, a strange process sets in, which has been termed by Freud "repression" (Verdraengung). The child either succeeds in effecting this repression so well that he forgets his early experiences, or he fails to do so, in which case his erotic craving will increase year by year. In this way the child is thrown into serious psychic conflicts, which tend to prepare the ground for neurosis.

That exaggerated fondness often induces children to obtain libidinous feelings in an auto-erotic manner may

be mentioned by way of parenthesis; it is here neither necessary nor possible to enter into details. Most men do realize that the experiences of childhood influence their whole life. It only shows how tragic are the conditions of human aspirations, that exaggerated love of parents may ruin a child's health, and that the roses strewn on his way by his parents may wither, and leave their thorns in evidence sooner or later.

In most cases stammering begins when the child feels under the obligation to hide from his parents an action or a "discovery" of a libidinous nature. Children show us the human psychic reactions in a clear, undisguised manner, and maintain a correct attitude against secrets, which adults would do well to emulate. They are not able to keep a secret, as it appears to them an unbearable burden. When they happen to have a secret from their parents (because, owing to instinctive shyness, they are too timid to speak to them about everything), they begin to alter their conduct towards their parents, and become mostly not only reserved, but also more fractious and difficult to manage.

Stammering, in however slight a form, will probably set in, in cases where the child is disposed to stammer, on the very day on which he gets hold of exciting knowledge which must be kept secret. If, however, his nervous system possess strong resistive power, the psychic struggle with the "foreign matter" may go on for a few months, or even years, before deleterious results are manifested. Several of our patients have been able to remember that their first stumbles occurred on the same day on which some upsetting knowledge came into their possession, or some event, demanding secrecy on their part, took place. Such cases help us

to trace with accuracy the psychic conflicts which interfere with normal innervation—conflicts which are now recognized as the "first cause" of the affliction which we are considering. Where the impediment did not make its appearance until some time after the stimulating cause had taken place, the locating of that cause is, of course, far more complicated. At the same time, those cases in which stammering sets in immediately after an accident, a fright, or some infantile disease, are particularly misleading. The impediment has made its appearance, and very naturally the anxious parents and the sympathetic medical man cast about for a cause which shall bear the onus of the defect. We will state here that, in our opinion, such momenta as shock, fright, or disease never produce permanent impediments of speech. It may happen, however, that psychic conflicts, which had already been going on for a long period, have now, through a temporary weakness of the nervous system, a favourable opportunity of forcing their way into innervation. In nearly all such cases as this, it is equally imperative to trace the original source of the psychic conflict before any complete eradication of the defect can be accomplished. Amongst other things, imitation is frequently supposed to have brought about the affliction. Here, again, let it be stated that mere imitation of a stammerer, even if done wilfully and continuously, is insufficient to produce the impediment. If, however, the imitator has already suffered from the same complexes as the stammerer, and was thus in a condition to appropriate the symptoms of the latter, the case is different, and becomes one which may be regarded as due to the phenomenon of hysterical identification. "Identification," says Professor Freud, "is a momentum of the

greatest importance for the mechanism of hysterical symptoms." Identification, it must be remembered, is much more than the capacity which hysterical people are known to possess of producing an exact imitation of the symptoms of others, which have particularly impressed themselves upon their attention; it is much more than sympathy, which is so exaggerated in hysterical persons as to cause them actually to reproduce those symptoms.

Identification is a complicated psychic act which travels along the road marked by imitation and sympathy, and may be said to correspond to an unconscious conclusion on the part of the imitator, which we will suppose to be worded thus: "If that stammerer can have such attacks from such causes" (strict treatment at school, and so on), "I, also, can get such paroxysms of stammering, since I have the same causes" (complexes). "The identification is, therefore, not simply imitation, but an appropriation on a basis of the same ætiological claim; it expresses a 'just as . . .' and refers to a joint psychic factor which remains in the patient's unconscious" (Freud).

Psychic conflicts which are liable to interfere with normal innervation of speech do not start, as a rule, until the child is about three and a half years old. Only in exceptional cases of delicacy of constitution or of marked hereditary tendencies, a child may show the first signs of an impediment shortly before reaching the third year. We are not referring here to that temporary stuttering which is frequently noticeable for a few weeks or even months in quite young children when endeavouring to master the elements of speech, but to actual stammering, which has been set up by the psychic conflicts already described.

These conflicts soon produce other conditions: a child who has experienced them will show strong resistances; particularly will he resist members of his own family; he becomes difficult to influence, shows signs of dread and embarrassment, and exhibits suspicious traits. From this moment introversion of his libido* sets in—that is to say, his erotic emotions, having lost more or less the usual channels (the channels they hitherto frequented or used), cannot fail to be piled up, with the result that a portion of the libido has to be repressed. A superfluity of libido in the child's soul (conscious) and in repression (unconscious) results in the formation of an emotional complex, which represents the expansion of a gasometer, as it were. It must be borne in mind that the soul can only bear a certain amount of libido, its possibilities in this direction corresponding to individual capacity, any surplus having to go into repression.

When the emotional complex has begun to be formed, the child may develop the impediment of stammering. This, however, is not possible before the emotional influences of the complex have overcome the natural resistances of his nervous system. The complex is apt to attack the weakest spot first (*locus minoris resistentiæ*). In most cases a child will merely develop a phobia of dogs or of horses, etc. If, however, the speech nerves are weakened, owing to heredity, to a shock, or to diseases like whooping-cough or diphtheria, the complex will use these weakened nerves as channels for its floods of emotions, and an impediment of speech is the result.

Introversion—that is to say, piling up of libido—always produces two results, viz., (1) An increased

* Libido is understood to comprise love in the first place, and, in addition (owing to partial sublimation), energy and aspirations.

play of imagination, and (2) a condition of expectant attention coupled with dread; the result of this combination being that any impression which enters the mind is endowed with an overcharge of expression. A requirement to undertake anything new always necessitates the overcoming of inhibitions, as the "application of interest" (with which is connected the transference of more or less numerous fancies) is at once demanded of us. We act the thing in our imagination, and, when we have to carry it out, we transfer the whole material of fancies to the person we may have to deal with.

A stammerer, owing, as we said before, to the introversion of his libido, suffers from increased play of imagination, and, in proportion, experiences more intense obstacles and inhibitions, when the transfer has to be made, and dread sets in; hence he invariably breaks down when endeavouring to deliver an important message, when giving evidence in a court of law, and so on. None but a stammerer can fully realize what this condition of expectant attention, this "being on tenterhooks" all day long, means to the sufferer!

Any "expectant attention" may become "dread"; there is no special limitation. A certain amount of dread is in every expectation. Let us illustrate this psychologic fact by a comparison.

A girl has arranged to meet her lover at their trysting-place at a stated hour each evening. He has been there regularly for weeks; to-day, however, he is not at the rendezvous, though it is ten minutes past the arranged time! She feels that he is inconsiderate, and vexation shows itself on her countenance; after waiting another ten minutes anger sets in; yet another ten minutes pass without his appearance. Now her imagina-

tion begins to play: either an accident has happened, or, worse still, he is faithless! Dread begins to paralyse every limb, and even his appearance at last, with a perfectly good excuse, does not immediately overcome the psychic effects of the episode.

The moment at which expectation may change into dread varies in each individual case. If, for instance, the girl in our illustration be neurotic, dread will set in perhaps after the first five minutes of unrealized expectation.

To make the phenomenon of dread still more lucid, we will compare it with the sensation of fear. Let us consider fear as a feeling of dislike, founded on a reasonable cause, which has placed itself in the service of the instinct of self-preservation. Fear has always a definite and a more or less tangible object; we are reasonably afraid of fire or of water which have overstepped their proper bounds, of ferocious animals which are not under restraint, or of brutal men. On the other hand, we experience dread when we are face to face with the "unknown." Dread is the neurotic counterpart of fear. What fear is to the physical, dread is to the psychic sphere in man; therefore dread is by no means an amplification of fear. Or, let us say, dread is not fear in a comparative or positive degree. The superlative degree of fear is terror, fear being a chronic and terror an acute state, and both are manifestations of the life-instinct. Moebius[46] even classifies fear as the most important manifestation of the life-instinct: "When in morbid states life-instinct declines, longing for death supervenes, and it is as though fallow dawn lays itself on everything that otherwise appeared bright and pleasing."

Dread is also a manifestation of life-instinct, but with

one difference: fear is a comparatively healthy manifestation of normal conditions, which has a beneficent object, whereas dread is an unhealthy symptom, a manifestation of abnormally suppressed instincts and a product of so-called repression.

Which instinct is from early childhood mostly exposed to suppression and repression? Is it not the sexual instinct? Dread is the manometer which indicates the degree of this repression. The sexual instinct never gains prevalence by itself, as, generally speaking, the various instincts always make their appearance accompanied by their counterparts. Thus sexual instinct is always accompanied by life-instinct and its counterpart, death-instinct. Nay, the sexual instinct is, in the meaning of the masses, directly associated with life-instinct, which is evidenced in their desire to "live a life of enjoyment." Any obstacle to the application of libido means partial death, and finds its expression in presentiments and weariness of life, which are phenomena frequently met with in neurotic people.

It is no mere poetic sentiment that makes love and death intimately connected. When the poet does connect them, he acts on the instinct, or it may be on the knowledge of psychologic facts, which are "the scaffolding of which poetry is the house." How often in poetry or in prose are our sympathies called out by the death of a lover who has lost his loved one; by the death of the aged husband or wife within a few days of his or her companion of so many years. We must, however, introduce the less poetical but frequent cases, where thoughts of suicide follow on such losses.

The more strongly life-instinct is developed, the more intensely will the individual be subject to feelings of fear. However, not until life-instinct, coupled with

sexual instinct, is repressed, will dread appear. Thus dread is the reaction against the pressing forward of death-instinct, caused by the repression of sexual instinct. It is entirely due to Professor Freud that modern psychology now knows that dread is always caused by repression of libido.

Even a very temporary introversion of libido is able to produce strong feelings of unpleasantness. To take a case which is well known : when a child leaves home for some time to stay with relatives or friends, he finds it for the first few days difficult to transfer his love on to his new environment. The result is that the child, being unable to use the accustomed channels for his affections, is bound to pile up his libido, which accumulation, after it has reached a certain expansion, is experienced by him in the shape of home-sickness. If the accumulation of libido goes on for some time, the introversion may even produce a phobia there and then —at least in a child of a rather neurotic disposition. It is, for example, not a rare occurrence that a child develops stammering shortly after he has gone to school, as, on the one hand, he is obliged to dissever his libido from his first beloved ones, while, on the other hand, he finds it difficult to transfer his affections on to his new and perhaps stricter surroundings. The latter difficulty is so much greater if the master at school happens to be a stern disciplinarian.

Before we proceed to outline the further consequences of introversion, we will give some details about the nature of repression. Dr. Stekel[61] points out that our culture is built on ground reclaimed by great efforts from beneath turbid expanses of water, which had first to be repressed by the erection of powerful dams, so to speak. Culture which has been won at the cost of

repression is, therefore, obstruction; even though it be well organized and to all appearances beneficent, it is still obstruction.

What applies to mankind as a whole applies also to the single individual. Repression enables us to lead the life of civilized beings who aim at putting all the ethical and social demands of their time to good account. It also enables us to cultivate those higher aspirations and ideals which distinguish us from savages. From this point of view and thus described repression seems to have none but beneficent influences, and would appear to be a desirable factor in both individual and corporate life.

Far from this, repression without the aid of consciousness is often a primary cause of psycho-nervous disease, and may be said to represent the compressed condition of gases, rocks, etc., beneath the outwardly unmoved surface of the earth, which may at any moment find their vent by way of earthquake or volcano. What lies hidden under the calm exterior of consciousness can, when stirred, agitate the entire human frame; hence repression is not freedom, but it is a bondage from which all who suffer will thankfully learn how to escape.

Repressed thoughts, wishes, and emotions can never be successfully got rid of, unless they can first be traced up to their most subtle associations, and to do this we must avoid mixing up the mere forgetting of indifferent impressions with repression itself. Repression presupposes an emotion, a feeling of dislike associated with strong emotional tone, while an indifferent impression is not so associated; therefore an indifferent impression may be forgotten and may leave no ulterior harmful result. Forgetting that is based on repression is a

definite psychic act; but such repression rarely succeeds completely, and the entire and absolute forgetting of an incident, an impulse, or a fancy, can seldom be proved to have taken place. The more intense the emotion accompanying an incident, the more difficult will it be to repress the remembrance of it; and unsuccessful repression, in which the emotion has not been removed, but merely shifted, is a fruitful cause of neurotic ailments. The symptoms of the latter are invariably a compromise between emotion and repression.

The influence of repression in causing obsessions and phobias is dealt with by Professor Freud somewhat as follows: When a person who is predisposed to neurosis has to shunt an incompatible impression, it becomes separated from its emotion: this emotion remains in the psychic sphere. The impression thus weakened becomes a remainder in his mind, and is denuded of all associations; the emotion, however, being set free, attaches itself to other not incompatible impressions, and these, owing to the faulty alliance, are turned into obsessions.

As already mentioned, any erotic emotion combined with repressed libido turns into dread. "Wherever libido as such does not become conscious; where it is masked; where it is felt painfully, and therefore pushed away from consciousness, it is manifested as dread. It is the task of psycho-therapeutics to unmask dread as an erotic emotion, and to remove it completely by sending back libido from the patient's unconscious into his consciousness" (Stekel).

We have digressed at some length from the actual subject of this treatise, but not without need, if we are successfully to explain the rational treatment of stammering.

It will be remembered that dread and excessive play of the imagination are consequent upon introversion of libido, and that they bear an important relation to the affliction of stammering; but there are two more factors which aggravate the sufferer's struggle very considerably—namely, over-sensitiveness and a feeling of inferiority.

The neurotic state of a stammerer is betrayed by his psychic over-sensitiveness, a trait which nearly all neurotic people share with him. When questioned on this point, the patient generally admits that he is "touchy," and that he is easily offended by a word or even a look; or if the patient will not admit this failing, his relatives are quite conscious of it, and conscious, too, of their efforts to avoid hurting these sensitive feelings. The patient has sometimes to give in to the overwhelming mass of evidence that can be arrayed against him, and to admit the defect.

The manifestations of this over-sensitiveness are rather interesting, and make themselves felt promptly whenever the patient finds himself in a situation where he appears to be subjected to, or is even likely to be subjected to, neglect or to want of consideration. A stammerer's accounts of the accumulations of disparagement and humiliation to which he is exposed are striking and surprising indeed to the lay mind, but the psychologist knows that a considerable percentage of these patients will sometimes positively seek out such situations, and will even lay themselves open to smacks in the face, so to speak, while the sufferer's excessive play of imagination is responsible for most of the rest of his catalogue. These tendencies arise from the unconscious, and, together with other impulses, bring about a feature of neurosis known as "hypochondria";

the patient then becomes, on his own showing, a person who is hurt, pursued, depreciated, and for whom there is nothing but suffering, calamity, and ill-luck in store. A lack of joy in life, continual expectation of misfortunes and slights, distrust of his own powers and of other people's intentions, soon destroy the social tissue that connects him with his environment. This want of contact soon becomes only too evident in the patient's features and general attitude towards society, especially when his inability to overcome a painful impression or to avoid bearing resentment asserts itself. A sulky obstinacy and a stubborn adherence to his own opinion are further characteristics in some cases, and, where these are in evidence, they tend to make the sufferer by no means a pleasant companion.

Second to over-sensitiveness, which we have exemplified, is the sense of inferiority, which all stammerers suffer from, and which is (though not in all cases) partly based on an inherited disposition. We are often told by stammerers that they have been delicate children, or we are informed by their relatives that they have been particularly awkward and clumsy in their childhood, so much so as to incur constant censure and reproof. Far from treating such clumsiness as a fault, it should be recognized as an indication of the fact that severe struggles are proceeding in the child's soul when he endeavours to fit his actions into such forms as civilization and domestication require—requirements which, to his particular organism, may be full of difficulty.

Reminiscences of this childish clumsiness may often be found in adult stammerers, though, owing to the phenomenon of psychic compensation (of which we shall say more later on), it is sometimes transformed

into artistic skill of a high order. Frequently a psychic awkwardness remains which contrasts vividly with the eminent cleverness often found in stammerers, and it may be so marked as to give an appearance of mental inferiority where such does not exist. Generally, however, a state of perplexity, embarrassment, and timidity has set in long before the commencement of the neurosis, while the development of self-reliance remains immature, and the need to lean upon, and to display affections towards those about him, grows into such boundlessness that the child's demand cannot possibly be complied with. Thus it happens that the sensitiveness which was already apparent is immensely increased and becomes an over-sensitiveness, which is constantly giving rise to entanglements and conflicts.

Imagine the thoughts that may arise (for the sake of illustration) in the mind of a step-child who has a neurotic temperament. He expects slights and neglectful treatment perhaps day by day, so that estrangement and a propensity to distrust even the most well-intentioned overtures of the step-parent set in. How shall he assert his superiority to the children of that step-parent? Oh, that he were prettier, stronger, taller, and cleverer than they!

It goes without saying that the continual ambition to be all these things forms a powerful psychic stimulus, and may assist such a child to obtain an over-valuation and to develop characteristics which would otherwise have been latent or non-existent. Side by side with positive developments such as we have described here, there may, however, be many negative ones—impulses of hatred, envy, meanness, which are foreign to the average child's soul, and the child's mind and imagination are impregnated with impulses which, because they are

blameworthy and would render him liable to exposure and to punishment, he keeps closely veiled from his environment. To maintain this disguise, a continual conflict exists in his soul, of which silence, to those who can analyse these things, is an index of the fact that psychic impulses have become effective, impulses which he does not want to be noticed. We have, of course, given a rare case as an example, and must leave it to our readers to apply the principle to more ordinary ones.

It is not possible within the scope of so short a treatise as this to show more fully how such conflicts gradually accumulate and form (to a large extent) the "psychic superstructure" of neurosis. We will only add that any feeling of inferiority is invariably accompanied with feelings of ardent desire, longing, and ambition, since any feeling consists of two counterparts, which have to be balanced. A feeling of inferiority is thus bound to produce a counterpart with a huge plus (+). This psychologic law explains the fact that stammerers are usually very ambitious people, and accounts for the fact that many of them eagerly wish to become public speakers.

Dr. Adler[1] points out quite correctly that physical inferiority very frequently produces psychic over-valuation to such an extent as to characterize and stimulate the whole of the mind. It is well known, for example, that hunchbacks are, in their own imagination, "great" persons. Further, it is no mere chance that people of small build, like Cæsar, Charles XII., and Napoleon, were possessed of insatiable aspirations. Inferior organs, owing to the intense stimuli proceeding from the "psychic superstructure," not seldom supply the basis for a choice of vocation or for special inclinations and favourite pursuits. Moses and Demosthenes, a stam-

merer and a lisper respectively, became renowned public speakers and leaders. Contemporaries of Camille Demoulin, who in private life was a painful stammerer, tell us that his speech (in public) "flowed on like molten gold." Mozart's and Bruckner's ears had a degenerate disposition. Beethoven and Robert Franz are examples of the same type, but the disposition was so serious that both composers, later on, lost their hearing altogether. The hallucinations in Schumann's psychosis indicate over-compensations in the "psychic superstructure" of his ears; at the same time, however, as is the case with any hallucination, they indicate the ill-success of a psychic subjugation and of a psycho-physical accord. Clara Schumann reports of her childhood: "The nurse" (who looked after her) "was by no means loquacious, and this might have been the reason why I did not begin to speak even the first words until my fourth or fifth year, and was also unable to understand much at that time." In another place she goes on: "As I heard so little conversation, nor felt inclined myself to talk, my parents frequently complained, especially when I began to talk, that I was hard of hearing; and this apparent defect had not quite disappeared in my eighth year, though it had improved the more I began to speak myself and the more I noticed what happened round about me." A remark of her father is interesting: "This is the opening accord of an artist's life, which, in its further development, and by the abundance of pure harmony which it diffused, became not only a bearer of delight of a rare kind for innumerable people, but was also destined to become a model of accomplished and clarified harmony of art and life. Strange that it should begin with a harsh dissonance."

These are the results of a successful over-compensation. What happens, however, when the compensation is unsuccessful—that is to say, when the psychic stimulus arising from physical need (heredity, temporary disease, shock, etc.)—meets with complexes which impede the compensative work half-way? Out of this psycho-physical relation a condition of high psychic tension is bound to be evolved, and the person thus affected becomes unequal to any further demands. When, therefore, owing to disease, shock, or fright, additional claims are made upon the constitution, they cannot be complied with normally, and stammering or some other phobia will set in.

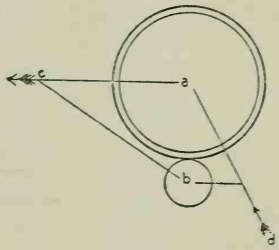
The psycho-motor superstructure of the organs of speech fights a continual battle with the influences of the emotional complex, and, consequent upon successive victories or defeats, stammerers experience ups and downs, good days and bad days. It is obvious that, when the sufferer's nervous system is weakened by a temporary bodily unfitness or by worry, the hostile influences of the complex are felt more intensely.

A phenomenon connected with stammering (and other neurotic ailments) is frequently noticed—namely, that in some cases the first two or three hours in the morning are particularly trying to anyone suffering from the defect we are considering. This is accounted for by the fact that resistance on the part of the fore-consciousness decreases during sleep, with the result that the emotional complex sends its energy (mostly in the shape of dreams) into fore-consciousness producing disturbing influences, from which some patients find it difficult to get free until they have been awake for a considerable time.

Let us now turn, by means of a simple diagram, to a

consideration of the manner in which the emotional complex interferes with the normal innervation of speech.

Let *a* represent the contents of consciousness and *b* the emotional complex; *d* may represent the source of libido (instinct of life) which supplies both *a* and *b* with energy. The intention to speak (in *a*) meets, on its way to the centre of innervation, in *c* with an inhibition coming from the complex, with the result that libido quickly increases. The stammerer now begins to work himself up in order to overcome the obstacle. The energy in *b*, however, has also increased, and with it the obstacle in *c*. If the emotional complex be comparatively small, the sufferer is, as a rule, able, after a momentary struggle, to overcome the inhibition in *c*; if, however, the complex be great, he has to make several intense efforts to overcome the barrier, or may have to give up the struggle altogether. If no actual inhibition be experienced at all, the patient will, during the act of speaking, feel either hampering dread or goading excitement.



Stammering is at the outset, and often for a good many months, or even years, absolutely unconscious on the part of the sufferer. The child's environment, however, soon begins to distress him, and laughter, scolding, and threatening open up before his mind the saddest prospects for the future. Through this attitude of those around him the stammerer contracts more and more dread of speaking. The movements, first weak and un-

consciously inco-ordinate, are considerably increased by dread, and the respirations, owing to dread, also become frequent and irregular. The paroxysms of stammering increase accordingly, and the parents seek some one who will instruct him in "exercises." He is induced to repeat the words over which he stumbled; his parents find "difficult" letters and words, and point them out to him, with the advice to practise them over and over again. Thus dread of special bugbear words and letters is artificially inoculated into the stammering child, and he begins to watch the words he has to speak or is speaking. So far, all abnormal respiratory and speech movements had been entirely involuntary; henceforth, owing to the attitude of the environment, voluntary ones are added also.

So long as stammering is unconscious, the child notices that his manner of talking differs from that of his father or mother, and he may think that it is merely peculiar to a small child; he does not, however, consider it a defect, nor does he worry about it in the least. But after he has been repeatedly rebuked or teased, it gradually dawns upon him that his speech is defective, and he feels annoyed at it. Continual distress does not, as a rule, set in until the child has gone to school for some time, and has felt the impediment keenly, when competing with his schoolmates. From this moment the mental impression, "I can't talk," coupled with the most disagreeable feeling of nervous tension and oppression which soon associates itself with any serious paroxysm of stammering, increases more and more, and the child begins to avoid speaking as much as possible. By degrees "funk" is increased up to the power of an asthenic emotion, owing to the fact that the patient has to contend more and more with thoughts

of being degraded in the eyes of others, of painful situations, and of making a fool of himself at any moment. When only one of those hateful thoughts springs up in his consciousness—when, for instance, the features of the person, to whom he is speaking, by chance assume apparent compassion—at once a whole host of hampering thoughts rise hastily from the depth of the unconscious in which they are lurking, as it were, in order to frighten and to torture the unfortunate patient.

When haste, embarrassment, or dread are particularly intense—being, for example, consequent upon the presence of extremely influential or authoritative persons—even the speech nerves of ordinary speakers may break down. "Such may stammer in exactly the same way as a stammerer does," the only difference between the two classes being that ordinary speakers, owing to well-grounded confidence in their powers of speech, only succumb to intense psychic influences, while stammerers quickly display signs of their affliction when quite insignificant emotions operate upon them. Besides, dread of speaking is missing with a non-stammerer, and the feeling of confidence increases with him from year to year, helping him over any possible unevenness. Between both categories we find various transitions, in accordance with the intensity of the emotional complex and the power of the nervous resistance. Further, with an inveterate stammerer, we can discern different degrees in the intensity of the single paroxysms of stammering, the degrees being dependent on the patient's state of health, on the one hand, and on the intensity of psychic emotion, on the other. An adult sufferer, for instance, stammers, as a rule, much less when speaking to a child than when speaking to an adult, as the presence of a child does not embarrass him so much,

and therefore psychic emotion is less intense. A stammerer probably experiences fewer difficulties at the end of his holidays than at their beginning, as his nervous system has temporarily improved. Differences between persistent and occasional stammering can only be understood by sharply distinguishing between the nervous basis and the psychic stimuli.

Professor Freud[30] has proved that even slight stammering or stuttering, due to the temporary embarrassment of an ordinary speaker, is invariably caused by inner conflicts which are betrayed by the disturbance of speech. The same applies, by the way, to any automatic mistake in speaking, writing, or reading, and still further to symptomatic and accidental actions, etc., inasmuch as all errors of this description (in an educated person, of course) are caused by unconscious motives influencing innervation. Many phenomena which border on the miraculous or support superstition can—as Freud has cleverly substantiated—be entirely explained by fathoming the unconscious psychic functions.

No psychic action is accidental. It is only to people who are not on good terms with themselves that frequent mistakes happen. People who are full of presentiments, fear, and anxieties are often unlucky! Thanks to Professor Freud, we are now able both to realize the psycho-pathologic significance of those small functional disturbances and to analyse them minutely. He has enabled us to penetrate deeply into the secrets of the human soul, and to recognize the illimitable, unceasing activity of our unconscious, which becomes apparent even in connexion with unimportant matters.

The same strange psychic mechanism which causes small mistakes and faulty innervations produces all psycho-neurotic symptoms, particularly hysteria, obses-

sions, and phobias (including stammering). This fact affords a reasonable basis for the statement frequently met with—namely, that the line of demarcation between nervous norm and abnormality is difficult to define, and that every one is, to some extent, nervous. In slight cases of "nervousness" we find symptoms of trifling importance located in the least important psychic actions, while every action that can claim higher psychic value takes place free of disturbance. On the other hand, we have to deal with more or less serious cases of neurosis, where the symptoms are lodged in such a way that they affect the most important individual and social actions, and are thus able to interfere with professional work and sociability. "The character which both the slightest and severest cases have in common is to be found in the reduction of the phenomena to incompletely suppressed psychic material, which, though pushed away from consciousness, has not been deprived of the capacity of manifesting itself" (Freud).

In the next chapter we will show how, owing to the influences of the emotional complex, a new pathologic personality is by degrees created, whose inclinations, opinions, and decisions mostly tend in the direction of the morbid will. The normal ego-centre is partly consumed by the "second personality" which forms an autonomous state in a state, and is forced into the rôle of a secondary (subdued) complex.

The emotional complex has always the tendency to separate the individual from his environment. This phenomenon is due to the fact that the complex is invariably composed of conflicts and "secrets" which build up a more or less high wall of resistances, by which the individual is dissociated from his fellowmen. He who has to guard psychic secrets slinks

about timidly, is lonely, reserved, and excluded from many pleasures of life.

All stammerers suffer from a multitude of psychic conflicts. A sufferer is, of course, inclined to say to himself: "I only stammer, otherwise I am quite normal in every way." However, he entirely overlooks the fact that his impediment is solely the outcome of a *whole system* of inner obstacles. This is verified by observations which we have had occasion to make in severe cases—namely, that, besides impeded speech, various forms of phobias (particularly agoraphobia and claustrophobia) and hampered innervation in connexion with walking, piano-playing, etc., can also be found.

As stated before, wherever hysterical symptoms make their appearance, they have always one psychologic object—namely, to separate the sufferer from the world. So long as he does not come in contact with other human beings, he does not, as a rule, experience the slightest inhibition. This is the reason why even the worst stammerer can speak and read quite fluently when by himself. Whether the sufferer finds the greatest difficulties when speaking to members of his own family, or to strangers, entirely depends on the nature of his individual conflicts. In all cases the impediment regularly represents a projection of the patient's individual conflicts on to his environment. Any paroxysm of stammering betrays a conflict, and is like a signal of distress which is hoisted, where a complex is embedded.

It is a very important psychologic fact that our social tissue is extremely strong, and that we only feel completely happy in human society. When communication with our neighbour is interrupted for any length of time, introversion of libido and its consequent conversion into

dread sets in. A stammerer is in the worst possible position in regard to this social tissue, inasmuch as he is wounded in that most important of all his manifestations and requirements—namely, speech. Any form of stammering contains great resistances against social relations, and, therefore, results in isolation.

It is the task of a rational treatment to remove all psychic obstacles which separate the patient from his environment. To this end it is imperative to restore the connexion of the dissevered emotional complex with the ego-centre. The moment this "reconciliation" has taken place, all interferences with normal innervation of speech cease, and the sufferer can enjoy again unrestricted freedom of utterance.

RÉSUMÉ

1. Stammering, like all phobias and obsessions, is caused by a psychic complex which is endowed with extremely intense emotions and inhibitions, and, therefore, possesses so impelling a power that it forces the patient to be more or less under its influence.

2. The physical and psychic symptoms of defective speech are merely projections of the conflicts piled up in the emotional complex. All paroxysms of stammering are produced by an energy supplied by repressed libido.

3. A rational treatment has to aim at removing all psychic inhibitions which interfere with normal innervation of speech, by reconciling the hostile complex with the ego-centre.

CHAPTER VI

GENERAL INFLUENCES OF THE EMOTIONAL COMPLEX ON THE MIND

IN the previous chapter we have been able to give but a few rough outlines as to the main effects of the emotional complex on the mind of a stammerer. As the matter is of the greatest importance to a proper understanding of hysterical ailments, phobias, and obsessions, it will be as well to treat the general influences of the complex more fully. In so doing, we largely follow the exposition of Dr. Jung (Zurich) as contained in his book, "Ueber die Psychologie der Dementia præcox."

The essential foundation of our personality is affectivity.* Thinking and acting is merely a symptom of affectivity, as it were.† The elements of psychic life—

* Professor Bleuler (Zurich) suggests the term "affectivity" for feeling, heart, or emotion, a term "which is meant to signify the emotions in the proper sense, but also the slight feelings or emotional tones of liking or dislike in connexion with any events." In English the word "affectability" appears to be the only one that, in any way, conveys this meaning. Without further apology we will, however, follow Professor Bleuler's example and coin the word "affectivity," which more nearly expresses his German "Affektivitaet."

† Bleuler says: "Thus affectivity, much more than reflection, is the stimulating element in all our actions and omissions. We act very likely solely under the influence of feelings of liking and dislike; logical considerations derive their strength only from the emotions connected with them."

André Godfernaux says: "L'état affectif est le fait dominateur,

namely, sensations, impressions, and feelings—are given to our consciousness in the shape of certain units which might be compared with the molecules of chemistry. Let us give an example:

I meet an old friend in the street; this induces a picture in my mind, a functional unit ("molecule") consisting of three components—namely, sensation, intellectual component (impression, recollections, judgments, etc.), and emotional tone. These three components are combined to *one solid* association, so that, whenever a recollection of that friend springs up, these pertinent elements come up with it more or less.

Let us suppose that this person has on one occasion, owing to indiscreet gossip, caused me a considerable amount of trouble, the consequences of which I have had to feel for a long time. This incident comprises a great quantity of associations (as innumerable as there would be in a body built up by molecules); many persons, things, and events are contained therein. The functional unit "my friend" is, in this unit, but a figure amongst many. The whole mass of recollections has a certain emotional tone—namely, a vivid feeling of anger. Each molecule takes part in this emotional tone, so that, as a rule, even when it appears either by itself or in other associations, it carries along with it this characteristic, and it is so much more pronounced the more distinctly its reference to the great unit is recognizable.

The instance shows how the molecule (sensation, etc.)

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les idées n'en sont que les sujettes. La logique des raisonnements n'est que la cause apparente de ces voltefaces de la pensée. Au-dessous des lois froides et rationelles de l'association des idées, il y en a d'autres bien plus conformes aux nécessités profondes de l'existence. C'est là la logique du sentiment" ("Le Sentiment et la Pensée et leurs Principaux Aspects Physiologiques").

takes part in the emotional tone of the whole mass of impressions* which we describe as the "emotional complex." In this sense the complex is a higher psychic unit. If we analyse our psychic material (e.g., by means of an experiment of associations), we find that practically each association belongs to one or another complex. Though it is not always possible to prove in practice that the single associations belong to different complexes, one fact is above all doubt—namely, that each association is connected with the ego-complex. The ego-complex is, in a normal man, the highest psychic court of appeal; we understand this complex to be the bulk of impressions connected with our ego which are accompanied by the powerful and always living emotional tone of our own body.

The emotional tone is a state which is accompanied by bodily innervations. The ego is the psychologic expression of the firmly associated union of all bodily common feelings. One's own personality is, therefore, the firmest and strongest complex, and maintains itself (health provided) through all psychologic storms. This is the reason why impressions which immediately concern our own personality are always the most stable and interesting; in other words, they have the strongest tone of concentration.†

* The single impressions are combined with each other according to the different laws of association (similarity, co-existence, etc.). It is, however, by an emotion that they are sorted and grouped to higher unions.

† Concentration is, according to Bleuler, an emotional state. "Concentration, as well as all our actions, is always directed by an emotion"; further, "concentration is one side of affectivity, which thereby does not do anything else but what we already know of it —viz., that it prepares a way to certain associations, and hampers others."

We will now consider—

1. The Acute Influence of an Emotional Complex

Reality takes care that the quietly working mechanism of ego-centric impressions is frequently interrupted by impressions of a strong emotional tone. A situation causing danger pushes the ordinary play of impressions aside, thrusting in their place a complex of other impressions of the strongest emotional tone. The new complex pushes all other associations into the background, it being momentarily the most distinct, as it entirely hampers all other impressions for the time being; out of all directly ego-centric impressions it only allows to continue what suits its situation, and it can, under certain circumstances, momentarily suppress even the strongest counter-impressions up to entire unconsciousness. It has now the strongest tone of attention (concentration). It is worth noting that modern psychologists do not say, we concentrate our attention on something; but, the state of concentration is enforced by the impression.

Whence does the complex derive its hampering or furthering power?

We have seen that the ego-complex, thanks to its direct connexion with the bodily common sensations, is the most stable complex, and is endowed with the most associations. The perception of a menacing situation causes terror: terror is an emotion, and, therefore, is followed by physical conditions, a complicated harmony of muscular contractions and nervous stimuli. The perception has found a way to the bodily innervation, and has thereby immediately enabled its associational complex to get the upper hand. Owing to the terror, numerous bodily common sensations are altered, with the result that most sensations which determine the

usual ego are changed. Correspondingly, the usual ego loses its tone of attention (or its furthering and hampering influence on other associations). It has to yield to other common sensations of the new complex; it, however, does (normally) not entirely submerge, but leaves behind an emotional ego,* since even very intense emotions are not able to transform all common sensations upon which the ego is founded. As daily experience shows, the emotional ego is a weak complex which, as to impelling power, stands considerably back against the emotional complex.

If the menacing situation be quickly solved, the complex soon loses its tone of attention, since the common sensations gradually resume their usual character. Nevertheless, the emotion continues to vibrate for some time in its bodily, and therefore also in its psychic, components: the knees tremble, the face is coloured or pale, the heart continues palpitating; one can scarcely recover "from the fright." From time to time, first in short and later on in longer intervals, the alarming picture returns and, laden with new associations, excites waves of emotional reminiscences. This perseverance of the emotion is, in addition to the great intensity of the feeling, a cause of the bulk of pertinent associations increasing proportionally. That is why comprehensive complexes always have a strong emotional tone, while, inversely, strong emotions invariably leave very com-

* Jung qualifies by the term "emotional ego" the modification of the ego-complex proceeding from the entering of a complex with a strong emotional tone. Many other wishes, interests, and feelings have to yield to the new complex in so far as they are opposed to the latter. When under the influence of strong emotions, the ego is reduced to the most necessary stimuli. This fact is illustrated by scenes of a shipwreck or a conflagration of a theatre, where in a twinkling all culture falls off, leaving scarcely more than the "mood of tiger," which, the poet tells us, few can entirely escape from exhibiting on occasions.

prehensive complexes behind. This is based on the fact that, on the one hand, great complexes comprise numerous innervations of the body, and, on the other, intense emotions, owing to their generally strong and persevering irritation of the body, are able to impel very many associations.

Emotions sometimes produce after-effects for an indefinite time (disturbances of the stomach or heart, insomnia, tremor, etc.). They, however, die away by degrees, the complex-impressions vanishing from consciousness, and it is only in dreams that more or less disguised indications make their appearance from time to time. Complex-impressions can frequently be traced by characteristic disturbances which are manifestable in associations. However, their gradual extinction is connected with a general psychologic peculiarity—namely, their readiness to spring up again in approximately full intensity, when similar, though much weaker, irritations are induced. For example, a child who had been bitten by a dog cries out in great fright, even when he only sees a dog from a distance; when we have lately received ill tidings, we open any succeeding telegrams with shaking hands, and so forth. These influences of an emotional complex which, under certain circumstances, extend over a long period, lead us to the contemplation of the—

2. Chronic Influences of a Complex

Here we have to distinguish—

(*a*) Complex-influences extending over a very long period, which were caused by an emotion, in some cases occurring but once.

(*b*) Complex-influences which are made lasting by the emotion being continually stirred up.

There are impressions which are active for a lifetime. The lasting effects of powerful religious impressions or of stirring events are well known. The impressions are, as a rule, particularly intense in early youth, and it is the task of education to impress durable complexes upon the child. The durability of a complex is guaranteed by a constantly living emotional tone. When the emotional tone dies away, the complex also dies. The continual existence of an emotional complex naturally has the same impelling effect on our psychic activity as an acute emotion has; what agrees with the complex is taken up, while everything else is excluded or, at least, inhibited.

We find the best examples in the different views on religion and politics which exist. There is no argument so weak as not to be made use of by the members of different denominations if the argument only be *pro*, whereas even the strongest and most convincing arguments *contra* cannot gain ground; they simply receive no attention, for emotional inhibitions are much stronger than logic. How frequently we notice that a single disagreeable impression produces in many people an imperturbably wrong judgment to which no logic, be it ever so keen and correct, is equal, and we call that person biassed.

The second group of chronic complex-influences, where the emotional tone is continually maintained by actual stimuli, furnishes the best examples of complex-incentives. The latter are not always obvious, but often become apparent as subtle influences upon thoughts and actions hidden under symbolism. Professor Freud lays down the conception of a symptomatic action as a special case of impulsion. As already mentioned in the previous chapter, Freud shows in his "Psychopathologie

des Alltagslebens" how disturbances of our actions (forgetting, mistakes in speaking, reading, etc.) are due to complex-thoughts interfering with and influencing the normal mechanism. In the midst of a diverting occupation we sometimes catch ourselves humming or whistling a tune; the words of the tune, which are, as a rule, not easily remembered, are a stimulus of the complex. We are perhaps persecuted by an obsession, a tune, or a word, which forces itself on our tongue over and over again; these are also complex-stimuli. Or we draw figures on paper or on a table; these again can be traced as cryptologic signs projected by the complex.

We will show later on that Freud points out the same influence with regard to dreams. Dr. Jung[34] has produced in his works plenty of experimental demonstrations which prove that complexes disturb and even upset associations in a characteristic manner which is determined by law (striking wording of the reaction, prolonged time, or even falling off of the reaction, forgetting of "critical reactions," etc.). These observations offer valuable hints for the complex-theory. In choosing his "stimulus-words," Jung has taken pains to apply only commonly used words of colloquial language in order to avoid intellectual difficulties. One might, therefore, expect that an educated person should react on them "smoothly." As a matter of fact, this is not the case. In connexion with the simplest words hesitations and other disturbances occur which can be put down solely to the fact that a complex has been irritated by the "stimulus-word."

Why is it that an impression which is closely connected with a complex cannot be produced "smoothly"? The momentum of inhibition has, first of all, to be put

down to emotional retardation. As stated before, emotional complexes are mostly in a condition of repression; the repression can be so intense that a hysterical amnesia exists for the complex—that is to say, the patient (or even a non-neurotic person) is under the impression that a thought or an important connexion is emerging, but an indistinct hesitation keeps the production back. The patient has the feeling that he is going to say something, but it has slipped away. What slipped away was the complex thought. Sometimes a reaction is produced which unconsciously contains the complex thought; the patient is, however, blind to it, and only the psychological expert can shed light upon the matter.

The repressing resistance further shows a striking effect, when one tries to reproduce the original reactions, after a few minutes have elapsed. Then one frequently notices that the "critical" reactions either cannot easily be remembered or cannot be recalled at all. These facts prove that the complex holds an exceptional position compared with the more indifferent psychic material. Indifferent reactions are produced "smoothly" and within a short time; they are, therefore, at the optional disposal of the ego-complex at any moment. The complex reactions, on the other hand, show quite different features: they only come with reluctance; they often withdraw from the ego-complex at the moment they arise; they are strangely formed, being frequently products of embarrassment of which the ego-complex is unaware and does not know the sequence; often they are quickly buried in amnesia afterwards, in contradistinction to indifferent reactions, which possess a great stability, so that they can be reproduced in the same manner after months or even

years. The complex associations are, therefore, much less at the command of the ego-complex than the indifferent ones. From this one has to draw the conclusion that the emotional complex occupies a relatively *autonomous* position against the ego-complex; it is a vassal who does not humble himself unconditionally under the authority of the ego-complex.

Experience shows that, the stronger the emotional tone of a complex is, the stronger and more frequent are the disturbances of the experiment. A person who has a complex which is connected with intense emotion is, therefore, much less able to react "smoothly" (not only when experimenting with associations, but also on all stimuli of everyday life), but is continually impeded and disturbed by the uncontrollable influences of the complex. His self-control (that is to say, the control of his moods, thoughts, words, and actions) suffers in proportion to the intensity of the complex. The deliberateness of his acting is gradually more and more replaced by unintentional mistakes, faults, and incalculabilities, for which he often cannot give any reason himself. A person with a strong emotional complex is, therefore, bound to show intense disturbances in his associations, as a considerable number of apparently innocent "stimulus-words" excite the complex.

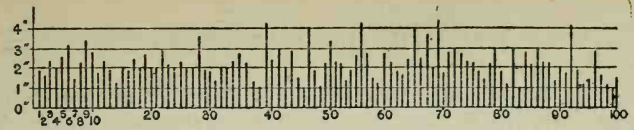
We will now proceed to bring some of these theories to a practical application.

In order to enable us to form some idea as to the extent of the emotional complex, we, as a rule, take 100 associations with each stammerer who places himself under our treatment. Following Dr. Jung's[34] example, we simply induce the patient to tell us the first association which occurs to him on being given a "stimulus-

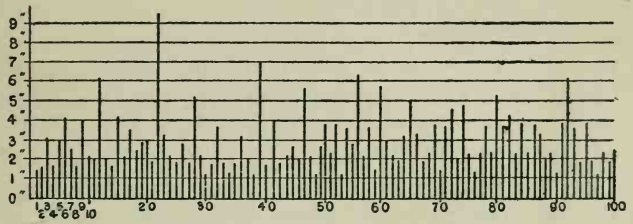
word." We write that association (the "reaction") down, and also note the time it takes the patient to produce the "reaction," making the necessary allowance for stammering. Thus we get, to a certain extent, an image of the stammerer's daily psychologic life, since words are abbreviated actions. Each "stimulus-word" automatically produces in the patient's mind a scene or a situation, though it very seldom becomes quite conscious. If no emotional complex be connected with the "stimulus-word," the "reaction" is logical, and is given promptly (on an average, within two seconds). In the contrary case, there is more or less hesitation, and the illogical "reaction" invariably discloses the patient's conflict, and his inability to adapt himself to his environment; in the latter case, the "reaction" always expresses: "If I (the patient) were in such situation, I should do what is *not* suited to the circumstances."

To illustrate the considerable differences which exist between a so-called normal individual and two different types of stammerers, we give three diagrams on the opposite page, representing the associations obtained in each case (of equal intellectual standard) with the same series of "stimulus-words." It will be noticed that the differences are enormous, though even a "normal" person is never without a certain amount of complex-influences due to that "piece of hysteria each human being carries about with him." It is obvious that a person who displays obstacles, as shown in case No. 3, is out of contact with his environment to such an extent as to show his psychic resistances any moment. Further details will be found in Chapter IX.

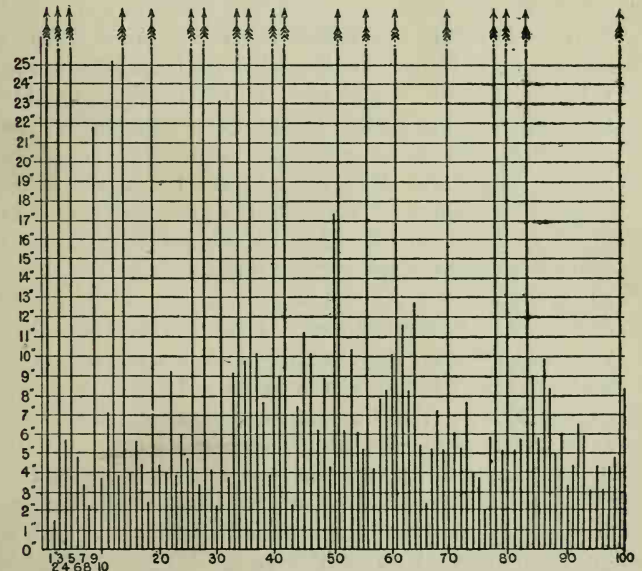
As these diagrams show, thoughts and actions are continually disturbed by a strong complex, in some cases



NO. 1.—ASSOCIATIONS OF A "NORMAL" PERSON.



NO. 2.—ASSOCIATIONS OF A SLIGHT STAMMERER.



NO. 3.—ASSOCIATIONS OF A VERY SEVERE STAMMERER.

(N.B.—The arrows indicate that in these instances no associations were forthcoming within thirty seconds.)

even to such an extent that the patient's general connexions with the world around him are strangely distorted, both in great and in small things. The ego-complex is, as it were, not the whole person any more, but there exists a "second personality" beside it, which tries to have more or less its own way, thus disturbing and impeding the development and progress of the ego-complex. Owing to these influences, a "contraction of the visual field" (Professor Janet, Paris) is produced, with the result that the stammerer considers many things, if not everything, from the point of view of his complex.

We can easily imagine how the mind is influenced when the intensity of the complex increases. A striking example is furnished by the well-known state of being in love. A lover is obsessed by his complex, all his interest depending on this complex and on things which harmonize with it. Practically every word and every object reminds him of his sweetheart; the most trifling things, if they are in some way connected with the complex, are guarded as invaluable treasures; the whole environment, generally speaking, is looked upon only *sub specie amoris*. What does not fit in with the complex is of no further moment to the lover; all other interests go down to freezing-point, which naturally results in a standstill and a temporary desolation of the personality. Nothing but what combines with the complex induces emotions and is elaborated in his mind. All thoughts and actions travel in the direction of the complex; what cannot be pressed into this direction is either rejected or done with superficiality and a certain amount of thoughtlessness. When indifferent transactions have to be carried out, the strangest products of compromise sometimes happens; mistakes

in writing, caused by the love-complex, creep into business letters, and, when talking, errors arousing suspicion also take place. The series of objective thoughts is frequently interrupted by the complex breaking in, thus creating long intervals which are filled by episodes connected with the complex.

This well-known example clearly illustrates the influence of a strong complex on a normal mind. We see from it how all psychic energy entirely turns towards the complex, at the expense of all the other psychic material, which stands over for a while unused. The mind is denuded, to a greater or lesser degree, of all stimuli that do not fall in with the complex. Even the emotional tone becomes inadequate; mere nothings, like small ribbons, withered flowers, slips of paper, locks of hair, etc., are treated with the greatest attention imaginable, while questions of vital importance are perhaps settled with a smile of indifference. On the other hand, the slightest remark which concerns the complex, only from afar, immediately excites a violent outbreak of delight, anger, or pain, which may even adopt quite unproportioned dimensions.

If we were not in a position to place ourselves, by means of personal knowledge, in the soul of an enamoured normal person, his behaviour would appear to us as being hysterical. With hysterical ailments and phobias like stammering, where the sensitiveness of the complex reaches much higher degrees than with "normal" people, those means are nearly missing altogether, and many people—unless they have "gone through the mill" themselves—find it naturally extremely difficult, if not impossible, quite to enter into the hysterical emotions, and particularly into the feelings of a stammerer.

As already mentioned before, the complex must have its way, or, in other words, the energy contained therein must be invested somehow. Since, in many cases, the erotic complex cannot use the normal channels, its energy has to use by-roads. During the age of puberty we find more or less abnormal libidinous fancies, frequently alternating with religious-fantastic phases. Later on, the erotic energy is often transferred to daring sports, particular hobbies, etc. It is especially the artistic talents which gain considerably by this transference. A very frequent transference (that is to say, covering up of the complex) is brought about by inserting a contrasting mood. We often find this phenomenon with people who have to banish a distressing care, and frequently the best punsters and the best humorists, whose jokes are spiced with a grain of bitterness, are among such. Again, others hide their pain under a forced, spasmodic cheerfulness, which, however, owing to its noise and artificiality, does not represent mirth.

These transferences and "sublimations" are able to produce real double-natures, which have at all times called forth new ideas in psychologically thinking writers (for example, Shakespeare, Goethe, and, at the present day, Bahr, Gorki, and others). "Double-nature" is not merely a term coined by literary men, but is a scientific fact which interests students of psychology and psychiatry over and over again, but not until it presents itself in the form of double-consciousness, due to complexes being entirely split off.

It happens sometimes that the transference becomes stable by degrees, and serves as a substitute for the original character, at least on the surface. Every one knows persons who, by superficial observers, are con-

sidered to be very amusing and entertaining people. Inwardly, however (perhaps in private life outwardly), they are peevish grumblers, who keep an old wound open. Their real nature often breaks suddenly through the artificial covering, the assumed gaiety disappears all at once, and one seems to be in front of quite a different man. A single word, a gesture that struck the wound, displays the complex which lurks at the bottom of the soul. The psychologic expert should think of all these imponderables of psychic emotions and moods before he approaches the complicated souls of patients who suffer from neurotic ailments.

In conclusion, we will still mention a characteristic effect of the complex—namely, the inclination for contrasting associations. As Professor Bleuler[10] has proved in detail, any clear-sighted psychic activity must be accompanied by contrasts, a requirement which is absolutely necessary for correct co-ordination and moderation. As experience shows, any resolution creates contrasts as next associations. Under normal conditions the contrasts never hinder, but they further consideration, and are useful for action. When, however, for some reason or other, energy suffers, the individual easily becomes the victim of a conflict between positive and negative, inasmuch as the emotional tone of the resolution is not sufficient to overcome and repel the contrasts. This can be observed especially frequently in all cases where a strong emotional complex absorbs the pluck of the individual; his energy being decreased, the attention for things not associated with the complex becomes superficial; association being deprived of a firm direction, a "flat type" is induced, on the one hand, while the contrasts cannot be repelled further. Each case of stammering shows plainly that it is merely

a matter of psychic conflicts and emotional contrasts due to complex-influences, against which the sufferer is, as a rule, absolutely powerless.

It lies in the interest of the normal individual to become free from an enslaving complex which hinders the appropriate development of the personality—*i.e.*, the adaptation to environment. Time sometimes assists the individual in getting rid of it. In other cases, as we have pointed out, transferences have to come to aid; the individual hangs on to something new—if p ossible, to something that strongly contrasts with the complex. When the repression of the complex has taken place, an intense complex sensitiveness still exists for some considerable time—that is to say, the complex is apt again to break forth at the slightest provocation.

If, however, the repression of the emotional complex has only been brought about by the forming of compromises, as in nearly all cases of stammering, a lasting inferiority results, allowing the patient but a limited adaptation to his environment. In cases where the complex has remained practically unaltered (which is, of course, not possible without serious damage being done to the ego-complex and its functions), the mental development of the individual is more or less hampered. Thus it happens that, although the majority of stammerers come, at least, up to the intellect of an average ordinary speaker, we now and then meet with some who decidedly betray a mental inferiority.

Here we are obliged to leave the subject, lack of space, unfortunately, forbidding us to enter into further details.

CHAPTER VII

CONSCIOUSNESS AND THE UNCONSCIOUS

IN the previous chapters we have repeatedly referred to unconscious psychic functions or to unconscious processes which influence the psychic functions. As these phenomena, though met with continually in connexion with psychologic observation, are frequently ignored or misunderstood, it appears to be essential to give some general outlines of the relationship between consciousness and the unconscious.

Many psychologists, even up to the present day, take the point of view that what is psychic is conscious, and that the nature of psychic phenomena lies in their being conscious.* These scientists quite forget "that no line of demarcation can be drawn between consciousness and the unconscious, strange though it may sound, and that exactly the same functional formations and mechanisms found in consciousness can also be proved to exist outside it, and from this position can influence the mind as well as the analogous conscious processes can do. In this sense there are unconscious sensations, perceptions, conclusions, feelings, apprehensions, and hopes which distinguish themselves from the corre-

* This demarcation, as Professor Bleuler points out, is as one-sided as if, when describing the life of amphibia, a naturalist were to confine himself to observing these animals on the dry land, whilst ignoring their life in the water.

sponding conscious phenomena solely by the quality of consciousness being missing. The demarcation is, therefore, quite artificial, giving little or no opportunity for observation, and those who entirely deny the existence of these functions render the explanation of the conscious processes impossible, simply because the unconscious mechanisms, at any moment, not only modify, but directly impel the working of the conscious processes" (Bleuler).

It has frequently come under our observation that persons who contest the existence of an unconscious personality in themselves and others had not derived their conclusions from convincing premises or any premises at all. They have never observed the effect of a post-hypnotic suggestion, and are greatly surprised at quite ordinary facts, which our analyses of (*not* hypnotized) neurotic patients show to be quite incontrovertible. That "the unconscious" is something which the individual actually *does not know*—not something of which he had not happened to think at the moment—has never occurred to them. Neither have they ever tried to convince themselves (as they can easily do) of unconscious thoughts in their own psychic life by analysing one of their dreams, and amazement and perplexity at the results overwhelm them when, with our assistance, this is done.

It is our task to show briefly that there are unconscious psychic phenomena, and in what different ways they manifest themselves. We are, of course, able to outline a few instances only; a psychology of the unconscious which claims completeness would have to fill volumes. *En passant* we may point out that a study of the psychology of the unconscious is particularly interesting, inasmuch as it allows, without conflict

of opinions, the explanation of all phenomena of hypnotism, spiritualism, dissociation of personality, hysterical conditions, etc., divesting them of the characteristics of marvellousness and mystery which are still attached to them by many people.

It is understood that all physical occurrences taking place automatically, after clockwork style, do not possess conscious qualities. The term "unconscious," however, is not applied, and rightly so, to occurrences of that description, but only to processes in the mind which are lacking consciousness, though they are equal in every way to the corresponding conscious processes. We infer these processes either from their effects or, in some cases, from subsequent conscious recollection.

A person absorbed by some problem is walking in the street, following the right way, and passing many people. Though of all mental impressions but a very small fraction become conscious, his steps are nevertheless guided by them. That these are not simply reflex actions can be seen, as Professor Bleuler* points out, from the following facts:—

The taking and pursuing of the right direction when walking, the going out of the way, etc., is originally a psychic act which, in many cases, has become unconscious (automatic), and, as a rule, quite gradually, without the person being able to tell exactly at what moment or with what action consciousness completely passed away. After becoming automatic, the action cannot possibly be different in principle from the original conscious one, for the simple reason that it can become more or less conscious again at any moment.

The destination and the choice of the route to be taken is mostly arranged in the mind previous to setting

* Bleuler, "Bewusstsein und Assoziation." Zurich, 1906.

out on the walk. A reflex action cannot voluntarily be directed in this manner; a reflex, in contradistinction to psychic functions, is not "plastic." Thus it happens that, by way of exception, the unconscious makes mistakes exactly in the same way as consciousness does. It may, for example, instead of an intended unusual way, choose another that had been frequently practised, or it may pass by an adjacent street (the destination), if its appearance, owing to obstructions, be altered, and so forth.

In such cases serviceable unconscious alterations of the original plan are sometimes made also; if, for some reason or other, a street be not conveniently traversable, another is chosen, without the person becoming conscious of it. Such unconscious action of choice has its analogies only in conscious psychic activity, but not in reflex.

All that had been perceived by the senses, later on emerge as a memory-image; it often happens that a sentence spoken, a word read in passing, the striking of a clock, etc., does not enter consciousness until some time afterwards. Even after a long time an accidental event, a dream, or a hypnotic suggestion can consciously cause a memory-image, received unconsciously, to appear.

All unconscious feelings and perceptions can be turned suddenly into conscious ones. Amongst the passers-by for whom, as a rule, the pedestrian makes way automatically, is a friend or a person of unusual appearance; a noise is particularly intense; danger is threatening from something; a clumsy person passes him awkwardly. In all these cases consciousness is suddenly added to the unconscious action, without any other change being noticeable.

As any unconscious mental impression or its memory-image can become conscious by any casual event, so also can conscious actions become unconscious. It will suffice to refer to playing the piano, or to correctly emphasized reading aloud, whilst the player or reader is thinking of something else, and to similar complicated actions which have become automatic by practice; all functions of this description can be entirely or partially conscious any moment, and can immediately afterwards be carried out unconsciously again.

From "impressions" which can rarely be analysed, people often draw far-reaching conclusions, of which they know nothing but the results. People who have not the slightest knowledge of graphology sometimes diagnose an impostor from his handwriting without their knowing the reasons for it; children frequently give a correct and striking opinion about new acquaintances; again, others now and then take a dislike to persons at the first sight—an antipathy which often turns out later on to be well founded. Many cases of so-called clairvoyance can be explained by the same unconscious mechanism.

Unconscious motives very frequently play a part in conscious considerations also. Many of one's own decisions cannot be sufficiently explained from conscious impulses, and he who analyses himself conscientiously will often find the decisive momentum in a motive which was quite unconscious at the time of consideration and decision. Without admitting and analysing unconscious motives, it is not possible to get to the bottom of one's neighbour's actions.

Self-observation on occasions which require a ready answer or quick action will be found to be of much interest. The conscious self is, in such cases, entirely

incapable of instituting minute reflections. Feelings govern our decisions. With the term "feelings," two quite different things are (in this case) comprised—namely, real emotions (anger, fear, etc.), on the one hand, and intellectual motives and considerations, not clearly thought out, on the other. The latter must be thought more distinctly in the unconscious, as otherwise our actions would be correct by chance only; this, however, is not the case, since the acting person, when trying to account for it, is often astonished at realizing how correctly he has been guided by his "feeling" or "instinct." Instinct, again, is merely the experience of our unconscious (Bleuler).

As unconscious motives frequently impel conscious action, so the reverse takes place also. One often resolves on actions which, later on, are carried out quite unconsciously, and such "focussing" can be lasting or even definitive, without requiring any special practice. The author's daughter had, up to her twelfth year, two warts on her right hand, which she continually irritated by scratching and sucking. On being told that warts are maintained by paying attention to them, she made up her mind entirely to ignore hers in future. About eight months afterwards she was reminded of the warts accidentally, only to find that they had disappeared; during the interval she had not thought of the warts, nor of her resolution in respect of them, a single time. A friend who suffered very frequently from toothache was told that he would not suffer any more if in future he made a point of drying his hands first when washing himself in the morning. After following out this advice consciously for a few days, he noticed several months afterwards that he had continued drying his hands first without having bestowed any further thought

on it. It had been sufficient so far to focus this action but once. The toothache, by the way, had also left him during that period—a phenomenon which is, of course, merely due to auto-suggestion.

In these cases, we have before us a conscious influencing of processes which we are in the habit of numbering amongst the psychic, and which undoubtedly do not belong to the reflex movements, but to the plastic functions. The curative motive persevered, but, after the focussing, it became quite unconscious, and so remained for a long time.

Bleuler points out that such focussing also takes place in connexion with centripetal processes. One has, for instance, the intention to look out for a special plant when taking a country walk. After a short time the matter is forgotten; the moment, however, that one accidentally notices that plant, the attention is at once concentrated on it, whereas all other conscious occurrences are momentarily suspended. One runs over the pages of a book in order to find a name; interesting matter in the book catches the attention, and the purpose of the perusal is forgotten for an hour perhaps; but as soon as the name which was to have been hunted for catches one's eyes, it is immediately observed and brought into the connexion originally intended. In such cases the focussing refers to what is termed, in regard to consciousness, "concentration." There is an "unconscious focussing of concentration."

There is also a continual unconscious concentration; for example, when one continually goes out of the way in a crowded street and chooses the easiest way, or when one unconsciously searches the hedges for a special plant, and so forth.

Hypnosis offers particular opportunities of experimenting with unconscious processes. When to a hypnotized person the order is given to pay a visit two hours after waking up, he (in most cases) will carry this order out with normal consciousness; the motive of his action, however, is absolutely unconscious, he believing himself to have other reasons. If the post-hypnotic call be required after ten days, the days are unconsciously counted, and the visit is made on the fixed day. If the hypnotic suggestion be this, "When I shuffle three times with my feet, you will cough," the order is carried out, even if the hypnotized person, when awake again, has entirely forgotten the suggestion, and even if the hypnotizer delay the third shuffling for several days. Thus it will be seen that the shuffling must have been counted unconsciously.

Even without hypnosis, very complicated mental operations can be carried out quite unconsciously. An experiment made by Barkworth, a member of the Society for Psychical Research, is very interesting in this connexion. He was able, during an animated debate, to add up long series of numbers without diverting his mind in the least from the debate. By some American scholars devoted to research—Speir, Armstrong, and Child—interesting statistics on unconscious cerebration have been made. Hereby they found that with this action, which is performed in the unconscious mind, most people have a distinct notion of an effort made. When some one, for instance, on being unable to remember a name, does not try to trace it on purpose, in the hope that it will occur to him later on, here, according to those statistics, very frequently the feeling of a certain effort was caused. The quoted phenomena show that there is in man not only

an unconscious intelligence, but also an unconscious memory.

There are persons who are in the habit of beating a tattoo on the table, or of carrying out similar movements, when absorbed in thoughts. When they, by chance, hold a pencil and put it on paper, they scribble many things without noticing them. In this way letters and words are automatically written down by some people. This automatic writing is evidently directed by a certain intelligence, as otherwise reasonable words could not possibly be written down. This intelligence must naturally lie in the person himself, although he does not write with conscious intention. The intelligence is unconscious; it works, however, in a similar way as when consciously carrying out actions and movements. Spiritualists are of opinion that this automatic writing is enacted by a foreign force—namely, a spirit. There is, however, no necessity to put this phenomenon down to the help of a "kind spirit," as the comprehensive investigations of F. Meyers, P. Janet, Patrick, Flournoy, and others have proved.

A simple hypnotic experiment can demonstrate that no metaphysical influences are required in connexion with automatic writing. A person is hypnotized and is awakened after passing through different scenes induced by suggestion. On being asked what had happened during hypnosis, he will answer that he cannot remember anything. Even when pressed hard to try to recall what he saw whilst in the hypnotic state, he will again declare that he is utterly unable to recollect even the slightest incident. However, when asked to write down automatically the events of the hypnosis, he will put down everything that had been suggested to him. It is obvious that he would be unable to do this if the

events of the hypnosis had been extinguished from his mind. As the automatic writing shows, the recollection lay dormant all the while in his unconscious.

When experimenting with automatic writing, one frequently observes that the unconscious has the tendency to invert syllables, words, or even sentences in different ways. Such complications are not only unknown to conscious thinking, but also require an amount of intricate mental work which very few people would be able to carry out consciously. This tendency in our "unconscious cerebration" is particularly prominent in dreams, and is regularly made use of in those cases in which the dream finds it impossible to express its thoughts in a clearer or more direct way. We will give details about the psychic mechanism of dreams in a later chapter.

In passing we may mention that the unconscious also plays an important part in the production of jokes. As Freud[28] has cleverly shown, the making of a jest requires that "a conscious thought is left to unconscious elaboration for a moment, and its result is instantaneously seized by conscious perception." The personal qualification to crack jokes is merely dependent on the facility with which conscious attention is dropped and exchanged for the unconscious. A joke displays, by the way, the same features as a dream—namely, certain transformations, condensation, and transference. The fact that the unconscious presents an important factor in the production of jests explains the phenomenon that the mediums of spiritualists show the tendency to produce anagrams, jokes, and puns.

Especially striking is the influence of the unconscious with all hysterical symptoms, phobias, and obsessions. Even if we only consider the ceremonials to which

many neurotic people are subject, and which consist in small actions or restrictions that are very scrupulously carried out in connexion with certain performances of everyday life, then we find that these "formalities" appear to be entirely void of importance, and the person who is subject to them has the same impression; yet he is mostly unable to suppress them, as any deviation from the ceremonial is punished by intolerable dread, which immediately enforces the omitted action being carried out later on. "As insignificant as the ceremonial actions themselves are the actions, which are adorned, aggravated, and also delayed by the formalities; for example, dressing and undressing, going to bed, etc. One can describe the performance of a ceremonial by substituting a series of unwritten laws, as it were. With reference to a bed ceremonial, for instance, a chair must be placed in a special position in front of the bed, and the clothes must lie on it folded up in a certain order; the person must make sure that the sheet is laid quite evenly and properly pushed underneath on the side; the pillows must be placed in a special fashion, and his body must be in an accurate position; not until then is he allowed to fall to sleep. In slight cases the ceremonial largely resembles the exaggeration of an accustomed and justified order. However, the special scrupulousness of the performance and the dread experienced at its omission qualify the formality as 'ceremony.' Disturbances of it do, as a rule, disagree with the neurotic individual; publicity, or the presence of other people during the action, is nearly always excluded."*

Any obsession or phobia, no matter whether it be of a slight or a very severe form, has as premise that the

* Freud, "Sammlung kleiner Schriften z. Neurosenlehre," 2. Folge, III., 1909.

individual who is subject to it does not know its significance. It is only by means of psycho-analytical therapeutics that the underlying unconscious motives can be found out and removed. Since all hysterical ailments, including phobias and obsessions, are due to unconscious motives and fancies, it is obvious that the latter, owing to psychic repression, cannot, of their own accord, enter into consciousness, nor can they be influenced by conscious thinking. Thus it happens that, even in slight forms of hysteria, the dissociated complex brings about a split of the soul-mind, so to speak, in two relatively independent parts which, as we have shown in a previous chapter, display intense antagonistic tendencies causing the mind to represent a house divided against itself. The repressed complex is that demon by whom, in bygone times, hysterical people were supposed to be possessed. That a spirit that is strange to his consciousness sways the patient is quite correct; it is not, however, a strange spirit, but a part of his own spirit.

The phenomenon of multiple personalities in one and the same individual is, in a way, analogous, though in these cases both complexes possess conscious quality. However, the dissociation of an entire personality, generally speaking, does not differ from the split of the unconscious, as unconscious complexes can turn into secondary personalities by absorbing a considerable part of the original personality. To illustrate the phenomenon, we will refer to Azam's Félida, which case is well known to every psychologist. A young girl had suddenly forgotten most of the former occurrences in her life; from an earnest person she had turned into a witty, merry, and frolicsome one. After some time her original state had set in again, and both states kept on changing with each other in irregular intervals throughout the

rest of her life. In her original state she had no recollections whatever of the experiences which she had in her second state, whereas, in the latter state, she remembered perfectly the events of her normal existence.

Even more than two (in one case as many as eleven have been observed) distinct personalities can change with each other in the same individual. The memory acts in such cases differently; the abnormal consciousness with its experiences is, as a rule, unknown to the normal, whereas the abnormal state can mostly (though not always) utilize the recollections of the latter; the patients sometimes live as two or more personalities which are completely separated with regard to contents and time. However, such different personalities can sometimes exist side by side, not only exhibiting themselves one after the other; in fact, it seems very likely that, in each of us, groups of psychic elements lead a more or less independent existence.

There is every likelihood that the selecting and grouping of the elements of memory which constitute the different personalities is brought about by the decisive influence of emotions. We have already seen in the previous chapter that, whenever logic is governed by an unconscious motive, this influence is invariably caused by an emotion (wish, fear, instinct, etc.) which is more or less conscious, but is started by an unconscious motive. This fact is due to the circumstance that emotions have the capacity, on the one hand, to hamper all antagonistic associations, and, on the other, to promote the familiar ones, and thus to govern reason, where all motives are conscious (Bleuler).

When we take the power of the emotions into consideration, their influence on the dissociation of a personality becomes more easily comprehensible.

These phenomena are not at all strange, as they have numerous prototypes in non-neurotic individuals. When, for example, a child is subjected to an examination, he is quite a different being to what he appears when his knowledge can be got at incidentally by judicious conversation. Under examination the child is timid and embarrassed, and he answers the questions with the distressed expression and strange accentuation of a child who says his lesson. It is, to a certain extent, the same with a stammerer; a difference between the child and the stammerer, however, lies in the fact that, with the latter, a more pronounced separation of the two states exists, owing to the influence of the emotions being morbidly increased. The transition from one state to the other is a gradual one in the case of a "normal" individual, whereas it is frequently quite sudden in a stammerer. The latter's emotional complex is associated with but a small part of his personality, while, with a normal individual, the greater part of his ego is conjoined to both states. That is why amnesia is a rare exception with a normal person, whereas it is the rule with a stammerer or any other person suffering from a neurotic ailment.

It happens sometimes that partial personalities become more complete and obtain consciousness by absorbing the most important elements of the ego; they are then the "second person," in the sense of Azam's observation, of certain states of trance, etc. Consequently, there exists no difference in principle between unconscious complexes and those second personalities that are endowed with consciousness. When an unconscious complex associates more and more the elements of the ordinary ego, without joining the ego-complex, it is eventually turned into a second personality (Bleuler).

It is also due to the influence of unconscious complexes that the phenomena of dreams appear strange and obscure, and give the impression that confusion reigns and illogical connexions occur. The inhibiting and guiding power of the mind seems to be entirely lost, and the associations pursue a course which is carefully avoided in the state of being awake. We shall show later on that the grotesqueness which appears in dreams is removed at once when properly analysed. It will suffice for the moment to say that the apparent absurdity of dreams is caused, primarily, by the fact that during sleep the ego is composed of other partial complexes, which naturally alter the normal personality to a considerable extent. One often finds it extremely difficult to remember dreams after some time, because from the "awake" ego there are but few associations which allow the dream to become conscious as a revived image of recollection. If the dreamer wake up slowly, the dream-complex finds sufficient time to form more associations with the normal ego, with the result that he can recollect the dream more easily than when awaking suddenly. When dreaming, other motives seem to direct the associations than when the person is awake, where certain dominating impulses govern conscious consideration. In dreams reason withdraws to some extent, the associations being more or less governed by feelings and emotions.

It will be as well to add a few remarks about the relationship between consciousness and memory. The reviving of traces of memory has been, for a long time, supposed to be brought about by way of associations. For instance, the impressions, the functions of which form the idea "bee," are in connexion with those which represent the idea of "sting," "honey," etc.

The stimuli travel from one idea to the other, thus realizing the association. As we have seen in the early part of this chapter, this procedure also takes place in the unconscious. The fact of a memory-image being revived does not, therefore, necessitate the memory-image becoming conscious. The stimulated image becomes conscious only when, at the same time, it forms an associative connexion with the ego.

Association is a process which dominates the whole of the mind. That processes outside the ego-complex can go on exactly like those within it is proved by the various instances quoted above; that they are not associated with the contents of consciousness is obvious, and it is also self-evident that everything that goes on in "consciousness" is associated with the impressions which form the personality—the ego—for the time being. "What part, therefore, is left to consciousness, which had been hitherto considered to be all-powerful and to cover everything else? No other but that of being a sensorial organ for the apperception of psychic qualities" (Freud).

We have made a point of avoiding the differentiation of *active* and *passive* mind, which terms are preferably applied in modern literature on "mental" therapeutics, as they seemed to be used with the object to equalize "psychic" and "conscious."

It is an indispensable preliminary condition for any correct insight into psychic processes that the common over-valuation of the quality of consciousness be given up. "The unconscious has to be accepted as a general basis of psychic life. The unconscious is the larger circle, which comprises the smaller of consciousness; all that is conscious has an unconscious basis, whereas the unconscious may stand still at that stage and yet

claim the full value of a psychic act. The unconscious is, strictly speaking, what is really psychic, and is, in its inner nature, as unknown to us as the real of the external world, and is given to us by the data of consciousness as incompletely as the outer world is given by the impressions of our sensorial organs" (Freud).

We speak here of the restricted conception of the unconscious—namely, of the unconscious of neurosis, as it were. Its meaning can only be comprehended by realizing the way in which its contents have been pushed away from conscious psychic elaboration. The patient is unable to produce his unconscious psychic impulses without experiencing a considerable resistance, some force preventing them from becoming conscious under ordinary conditions. The existence of this force can be distinctly noticed when, in spite of it, the attempt is made to introduce a patient's unconscious impulses into his consciousness. On this phenomenon of a "resistance" Freud's conception of the psychic occurrences in neurotic ailments is based. The same forces, which now offer opposition to the unconscious, forgotten material being made conscious, must formerly have caused its being forgotten, and must have pushed the pathogenous events away from consciousness. As pointed out in a previous chapter, Freud termed this dynamic phenomenon "repression," and considered it as proved by the undeniable existence of the resistance. The act of repression, though a normal psychic process, can, owing to the predominance of the unconscious, easily meet with ill success, inasmuch as the repressed impulses continue to exist in the unconscious, and are liable to send a disguised substitute into consciousness: stammering or any other neurotic symptom.

Those primary impulses which succumbed to repres-

sion—*i.e.*, the unconscious in the psycho-analytical sense—which feed the energies of both neurosis and dreams, must be strictly distinguished from that unconscious previously alluded to, which combines automatic and half-forgotten processes. The "psycho-analytical" unconscious contains nothing but repressed impulses, in the largest sense of the word, and those psychic formations which present themselves as descendants of these impulses. Not until one has dived into the depths of the psychic structure of neuroses is it possible to comprehend the whole vital strength and indestructibleness of this unconscious. Its power becomes particularly apparent in dreams incessantly flowing forth, and, in case of disease, in the continual production of the neurosis.

Under these circumstances, it is obvious that the study of the unconscious (psychic) functions is quite indispensable to psychopathology, the symptoms of which are directly governed by these functions very frequently. When treating stammering, for example, it can invariably be found that the emotion ("dread of speaking") connected with the affliction is due to stimuli which are contained in the impressions of the unconscious only, and he who undertakes to free stammerers of those tantalizing emotions must needs know how to analyze their unconscious. Then it will be found that not only the stammerer's dread, but also his obsessional thought, "I can't speak," are by no means mere products of his imagination, but are well grounded. Only by pursuing the intricate paths of the repressed emotions is it possible to dethrone the haunting obsession, and thus to remove all those agonizing symptoms which have persecuted the sufferer with unwearying tenacity for years.

CHAPTER VIII

THERAPEUTICS

IT will be remembered that in Chapter II we described the various attempts to cure stammering, and we found that, for many decades, the methods applied had the common basis of an attempted cure by means of breathing, vocal, and articulatory exercises.

Up to quite recent years the desideratum has been to teach the sufferer *how* to speak—a superfluous effort, for we know quite well that stammerers experience no difficulty in speaking under certain circumstances. Far from decrying those who vainly try to free stammerers from their disabilities by these means, we know that they deserve a meed of praise for undertaking a task which, if fulfilled conscientiously, makes greater demands upon them than upon any other educator. During the hours which they devote daily to their patients, they have to treat each one individually and in indirect ways; they have to evoke and to support the patient's confidence by carefully weighed words, and the effects are wellnigh bewildering. Stammerers, previously unable to utter a word without difficulty, may in an incredibly short period speak fluently, and the effects of the tuition we have described seem nothing short of marvellous. But will they last? No! We know that the educator, however well-meaning, has missed the whole point, and that the chief enigma has still to

be solved—namely, how is the permanent removal of the complex-influences which make stammering an obsession to be effected?

All methods and speech drill hitherto taught in institutions are solely based on confidence (hetero- and auto-suggestion); for all speech specialists will admit that their methods alone do not effect a cure.

Whether a patient says the sentence, "Barking dogs don't bite," with Blume thus:

"e-B-harking e-d-hogs e-d-hont e-b-hite";

or with Denhardt (inhaling and elongating the first syllable):

"Ba—rkingdogsdontbite";

or with Beasley (dropping the jaw, inhaling deeply at the same time, keeping up the continuity of sound, and paying special attention to the final consonants):

"Barking dogs dont bite";

or with Colombat (emphasizing the vowels, beating time with a foot):

"Bár-kíng dógs dónt báte";

or with Yearsly (emphasizing the vowels, very strong expiration, beating time with thumb and forefinger):

"Bárk- îngd- ógsd- óntb- îte";

all such efforts are equally futile. So long as confidence lasts, and the new innervation is still a novelty, one method is as effective as the other. The moment, however, confidence breaks down and the novelty of the new innervation wears off, one is as useless as the other, one method being as unable as the other to banish dread of speaking. When dread makes its

appearance, then, owing to *retardatio* and *tetanus*, it is practically impossible to innervate the organs of speech properly. And even if the sufferer has for weeks practised, with the greatest conscientiousness, "Babe, Bebe, Bibe, Bobe, Bube" (with Beasley), when dread crops up the organs of speech are nearly paralysed, and the word "Barking" refuses to come forth. And if he has (with Colombat or Yearsly) trained the articulatory and vocal organs for weeks, and has emphasized the vowels, when dread appears his organs are rigid and stiff. Speech drill of that description (even if based on the best physiological principles) helps the patient only so long as he has confidence in it.

Lewis, Yearsly, and others (like Colombat and Serres d'Alais of much earlier date), are of opinion that their exercises favourably influence the muscles and nerve centres, in consequence of their invigorating effect on the physique. However, we would point out that this continual referring the stammerer to the formation of the different letters and sounds demonstrates *ad oculos* the intricacy of the whole speech apparatus by dismembering it in its different parts; whereas the sufferer should use it as a whole, remaining as unconscious about its details as the large percentage of ordinary speakers who use the apparatus so fluently, simply because they hardly know anything about it—nay, they do not even think of it. In fact, we may say in this direction that "where ignorance is bliss, 'tis folly to be wise." All the mechanisms work so much the more reliably the less one concentrates upon them and the less one knows of them.

It is an utterly mistaken idea to suppose that any explanation of the speech mechanism, or any speech drill, will permanently enable the patient to suppress

the momentum of inhibition, which is invariably caused by unconscious psychic stimuli. Against these the stammerer is entirely powerless, and the exercises cannot give him the required power. In speech nerves which, owing to complex-influences, are kept in a state of irritation, dread is bound to work, as it does with a stammerer. The educator alone, who actually eradicates dread of speaking, prevents all paroxysms of stammering, and thus cures the affliction.

Dread is, in nearly all cases, but temporarily removed by the methods we have described, the duration of freedom largely depending on the character of the sufferer, on the one hand, and the educational skill of the instructor, on the other. If the patient's dread and irritability be but slight, and his affliction not of long standing, there is some hope that, given great confidence in the method, the influences of the emotional complex are counteracted to such an extent that the patient may be proof against a relapse for some considerable time. But the weaker the patient's confidence, on the one hand, and the more intense the impeding influences of his emotional complex, on the other, the greater the probability that the stammering will return after he has left the institution. If, for example, the "cured" stammerer is conscious of having applied the method carefully when a paroxysm of stammering occurred, without being able to guard against the breakdown (and how easily can this happen!), this experience must inevitably influence the patient detrimentally. His confidence begins to desert him, dread makes its reappearance, and the occurrence of further paroxysms is practically certain. From day to day the frequency of the attacks and also their intensity increases, and dread being on the scene again, all

methods are of little or no avail whatever; *retardatio* and, more especially, *tetanus*, at the moment of danger frustrates the execution of the prescriptions. If the stammerer were able, at the moment of intense dread, to move his organs at will, the prescriptions would be very welcome indeed. Elongating the first vowel, speaking in a low voice, keeping up the continuity of sound, etc., these facilitate the keeping open of the glottis; speaking aloud (*locutio alta*) and emphasizing the vowels have also a favourable influence, inasmuch as the more energetic the vibrations of the vocal cords and the more vigorous the expiration, the less is the glottis able to close easily. Rhythmic speaking serves the same purpose, in that it regulates the opening and closing of the glottis at certain intervals. We admit that these expedients give assistance when a little unevenness is caused by a slight degree of nervousness. However, when dread has reached a certain intensity, they immediately break down; the organs become extremely clumsy, rigid, and immovable—*retardatio* and *tetanus!*

Any physiological method, no matter how "infallible" it is claimed to be by its originator, aims at the same end—namely, that of inducing the patient to practise the movements involved in speech *consciously*. The method certainly does influence the stammerer's psyche by creating faith in the system; he is supposed to say to himself: "As I have already practised these vowels and consonants so frequently, they will be sounded correctly when I form them again in the same manner during conversation; I only need to inhale and to speak 'on rule.'" This thought is intended to encourage the patient, and to enable him to enter into the act of speaking with self-reliance and

assurance. Unfortunately, confidence evoked in this way is, as a rule, very short-lived, and the patient, especially if he be young, is unable to inspire himself again with the confidence which he has lost. For even if he know ever so well how *b* is to be formed, for example, this knowledge will be of no avail to him if complex-influences, for the time being, absolutely prevent him from carrying out the necessary movements.

Some originators of physiological methods point out that their second aim is to suppress the co-movements noticeable in many cases of stammering. In most patients co-movements are only found in connexion with the articulatory muscles; particularly frequent are trembling of the nostrils, frowning, spasmodic snapping of the lower jaw, etc. The pressure of volition which, owing to inner (unconscious) resistances, partly irradiates to nerves not directly connected with speech, causes these to begin to work also. Experience shows that the co-movements only occur when the pressure of volition works on the speech nerves too intensely. The moment the patient does not feel the momentum of inhibition, and hence is not compelled to apply a surplus of pressure, no co-movements appear. Consequently, all the patient has to do is to allow the pressure of volition to act on speech nerves with normal intensity, and the co-movements will immediately disappear of themselves. But what can be termed "normal intensity"? When psychic impeding influences are in question, there exists no normal standard of intensity. Any surplus of pressure, however, is bound, according to the nature of the central organs, to produce an irradiation of the impulse of volition. When the originators of certain physio-

logical systems combat the co-movements, they fight either against laws of Nature or against the impulse of volition. It would certainly be far more rational for them to endeavour to do away with the intense psychic resistances! Then the nerves will act in such a manner that the surplus pressure of volition is never required, and, when such is avoided, the co-movements are bound to leave the patient of themselves. However, so long as the impeding complex-influences are in existence, all combating the co-movements is futile; for when the combat aims at decreasing the pressure of will, the latter, when dread makes its appearance at the same time, becomes too weak, and speech is impossible. With *retard. minor*, and *hæsitatio* (*tetanus*), a weaker pressure of will cannot possibly cope, let alone the fact that even a strong innervation often fails to overcome the intense psychic resistances.

The chief point, however, on which many originators of physiological methods lay stress, is that the stammerer has to undergo a systematic drill, in order to enable him in future to carry out the articulatory movements as superficially as possible, and to subordinate them to phonation. This point of view is, however, absolutely erroneous and contradictory to all experience. Every adult stammerer will admit that he got hung up hundreds and hundreds of times, simply because he either thought of a letter (or a syllable) or of the necessary movement of his organs of speech. This thought, this watching of details, already produces dread in advance, and it is obvious that speech drill tends to support this disastrous inclination, instead of removing the deeply rooted "dread" tendency in stammerers. We need scarcely mention that we have had a large number of sufferers under treatment, who had been

made considerably worse by previously undergoing mechanical treatment.

Another task which speech drill undertakes is "by improving the physique to restore the natural bravery of the human being." We ask: Can any elocutionary methods (even when coupled with physical exercises) possibly remove intense dread and the irritability of the speech nerves caused by psychic stimuli? Are the enormous inner resistances and the nervous irritability to be cured by keeping on irritating these nerves systematically?

Has ever greater nonsense with regard to the treatment of neurotic people been unearthed and publicly advocated? We might just as well affirm that it would be necessary for a man who has contracted neurasthenia, owing to mental overwork, to continue hard mental work systematically! Or we might just as well maintain that, to cure a person who has over-exerted single nerve-channels, it would be essential for him to go on exerting those parts of his nervous system methodically!

Indeed, our words involuntarily become sarcastic when we think of this nonsense, and of the tiresome work and loss of time and energy it has involved. However, as all institutions, with the sole exception of some conducted by hypnotists, apply speech drill, we cannot engage too enthusiastically in fighting against those expedients.

Even the arguments of some specialists—namely, that the elocutionary exercises aim at producing new speech centres—cannot justify their retaining these exercises. Tiresome drill, to be carried out for months or years, is not required for the production of new speech centres, which can be attained in an instant—namely, by change of innervation induced from the

sound-image centre, and with the assistance of the ear. Every one carries out such a change of innervation who either imitates another person's manner of speaking or suddenly begins to pronounce each syllable clearly and distinctly, whereas previously he had never paid the slightest attention to the æsthetic side of his speaking. Such a stammerer immediately speaks without difficulty, especially when musical.

Therefore, let us away with these superfluous and frequently detrimental elocutionary exercises, the influence of which can, at best, be equal only to that of a temporary suggestion. "Suggestion" certainly can be so intense as to bring about a temporary cure, but this result is by no means due to speech drill, but largely to the helpful influence of the environment of the establishment in which the drill is applied.

The latter fact is easily accounted for by the psycho-neurotic nature of the affliction. As pointed out before, any psycho-neurotic ailment has the tendency to isolate the patient from the world, or, in other words, the complex prevents the sufferer from transferring the repressed energies to his environment, thus making psychologic adaptation impossible. Thanks to the psychologic law, "A common complex is no complex," some stammerers, when amongst fellow-sufferers, are soon able—while at the institution—to adopt the same mental attitude as is theirs when alone. And lo! all dread and nervousness vanish, and the patients imagine themselves "cured" by a marvellous system. Unfortunately, a short time after they have left the establishment and have returned to their old associations, the emotional complex, which, of course, had not been directly attacked at all, again begins to get the upper hand, and relapse sets in.

As the psychic phenomenon of "transference" is a mechanism that is characteristic of neuroses and their pathological symptoms, it will be as well to give here a few details* referring to its curative influence. It has been proved by hundreds of cases treated by psychoanalysis that in every human being, and particularly in every neurotic person, the loving, bashful, timid child continues to exist, and that all loving, hating, and dreading occurring later on represent but transferences, or—to apply a term of Professor Freud's—"new editions" of currents of feeling which had been cultivated in early childhood (before the completion of the fourth year) and subsequently repressed.

It is a well-known fact amongst capable observers and experimentalists that sympathy and respect considerably influence the bringing about of suggestive susceptibility. However, what was hitherto not known and could only be found out by means of psychoanalysis is, firstly, that unconscious affects (emotions) play the chief part in the bringing about of *any* suggestive impression; and, secondly, that they represent manifestations of libidinous impulses which were largely transferred from the relation "child-parent" on to that of "patient-suggester."

Referring to hypnotism in particular, it had already been known, as stated before, that sympathy or antipathy between hypnotist and medium (patient) largely influences the success of the experiment. But the fact was undiscovered that the feelings of "sympathy" and "antipathy" are highly compounded psychic formations, which can be resolved by Freud's method into their elements.

* For further details see Dr. S. Ferenczi, "Introjection und Uebertragung," Vienna, 1909.

Whether a person can be hypnotized and influenced by hetero-suggestions depends on the possibility of "transference," or, to put it more plainly, on his positive (though unconscious) libidinous relation to the hypnotist; the transference, however, has, like any other affection, its root in the repressed parental complex. Proofs for the correctness of this conception can be easily found by taking into consideration the practical experiences in connexion with suggestibility and hypnosis.

It is striking how considerably the proportion of successful hypnoses varies with the different experts. One is successful in 36 only, another in 80 to 90, or even in 96 out of 100 cases. All experienced hypnotists agree that hypnosis is facilitated, to a large extent, by the imposing appearance of the experimenter. It is generally recognized that self-assurance in demeanour, the report of previous successes, differences in the social position, education, etc., considerably contribute towards the suggestion being successful.

To induce hypnosis, the suggestions must be given so decidedly and firmly that any contradiction on the part of the patient is to appear quite impossible. For another form of hypnosis the requisites are—a darkened room, absolute stillness, and kindly mild persuasion induced by a monotonous and slightly melodious tone; soft stroking of hair, forehead, and hands are often used as assisting measures.

Generally speaking, it can be stated that the suggester has two ways and means at his disposal to hypnotize and influence people by suggestions—namely, dread and love. The hypnotist with the imposing countenance, who gives his commands firmly, has surely a striking likeness to the picture of the strict, powerful

father, as it may have impressed itself on the child's mind, and to believe in, to obey, and to emulate whom is perhaps the highest ambition of any normal human being. And as to the smoothly stroking hand, the agreeable, monotonous words productive of sleep, are they not a new edition of scenes which were enacted at the child's bedside between him and the tender mother as she sang a lullaby or told a fairy tale?

No great stress need be laid on the distinction between paternal and maternal hypnosis, quite apart from the fact that father and mother often enough exchange their respective rôles. It suffices to point out that the conditions of hypnosis are apt to induce the patient to take himself, consciously or unconsciously, back to the realm of childhood, and to awaken in him latent reminiscences of that period of childlike obedience.

Even the soporific means, which are supposed to act by such outward stimuli as the holding of a shining object before the patient, or the placing of a ticking watch to his ear, are the same which succeeded, for the first time, in riveting baby's attention, and are, therefore, very effective means with which to waken infantile recollections and feelings.

All these considerations make it evident that any successful hetero-suggestion (with or without hypnosis) requires as premise that the suggester shall be a match for the patient—that is to say, that he shall be able to awaken in the latter the same feelings of affection or of fear which the child had towards his parents, and the same convictions of infallibility with which he regarded them.

To avoid misconceptions, it must be pointed out that the susceptibility for suggestions—*i.e.*, the disposition

to blind faith and obedience—is here understood to be not only genetically connected with analogous psychic peculiarities of childhood, but that, in our opinion, through hypnosis and suggestion, "the child slumbering in the adult's unconscious" (Freud) is awakened, as it were. The existence of this second personality not only reveals itself during hypnosis; it also manifests itself at night in all our dreams, which, as we know—thanks to Freud's ingenious discoveries—invariably have their main root in infantile reminiscences, and even in daytime the psyche is caught now and then at infantile tendencies. In our inmost soul we are, and we continue to be, children all our lives.

If we wish to put this information to good account, we must naturally alter our traditional ideas about our ability to forget. Analytical experience convinces every one that a "forgetting," a "vanishing," in mental life, without leaving a trace behind, is as impossible as the destruction of energy or matter is supposed to be in the physical world. Psychic occurrences possess a very great persistency, and can be reawakened or reconstructed as unchanged complexes, even after having been "forgotten" for decades.

When comparing the symptoms of psycho-neuroses with the phenomena of hypnosis and suggestion, the investigator will always notice that the hypnotist cannot possibly show anything else but what is produced by neurosis spontaneously—viz., the same psychic and paralytic phenomena. The analogy between hypnosis and neurosis goes so far that one cannot help adopting the conviction of their complete identity, considering that, in both states, unconscious complexes impel the phenomena, and (amongst these complexes), in both cases, the infantile and erotic ones (particularly those

which refer to the parents) play the most important part.

What applies to hypnotism also applies to non-comatose hetero-suggestions. Hetero-suggestion is unable to bring about results in a patient unless his latent tendency for blind faith and indiscriminating obedience be unconsciously transferred to the person giving the suggestion. To illustrate that such transference is often directly made a *conditio sine qua non* by many speech specialists, we will quote a part of the printed instructions which are handed to every stammerer (curious as it may seem) when entering a well-known English establishment for the cure of defective speech:

"There must be a unanimity of feeling between teacher and pupil; this is *most important*, and at the same time a critical point. The teacher, desirous of considering the interests and welfare of his pupil, and careful lest he should offend, is liable, unless thoroughly experienced, to allow him to indulge in liberties, which, if persisted in, would result in grave consequences, as, should the teacher find it imperative to remonstrate, his remarks might cause a separation of friendship. The secret of successful tuition is: insist upon good behaviour and obedience, be tactful, make your pupil realize that his teacher is his friend, that his faults increase your sympathy for him, and that whatever remarks you may have to make in correcting his deviations from your instructions, they are solely actuated for his benefit. Be kind, but firm; once let the pupil lose confidence as to your ability in the cure of his impediment, or feel your incapacity as an instructor and disciplinarian, and you have an incurable subject."

Unfortunately, neither the teacher nor the pupil is

always able to enforce the transference, since the infantile (unconscious) premises naturally vary more or less in each case. There is a considerable percentage of patients who, owing to infantile impressions, cannot help feeling disinclined to take everything for granted, especially those who have tried before to find a cure for their impediment and have experienced the usual relapse. We cannot think any the worse of them for being on the outlook for inconsequences in the teacher's declarations and for showing passive resistance, to a certain extent. If they happen to feel that the teacher is inconsistent, or if they discover inconsequences in his method —and how easily is this possible with mechanical systems! —they are irrevocably turned into "incurable subjects."

However, the ultimate fate of those pupils who have been able to transfer their faith to the instructor does not substantially differ from that of the "incurable subjects." They do not know that the fluent speech, which some of them enjoy when leaving the instructor's establishment, is but an artificial product brought about by the helpful influences of the environment, on the one hand, and by confidence in the teacher and his system, on the other. These momenta act like a wall built round the patient's ego, which is thus protected from the upsetting stimuli of the emotional complex, for the time being. The moment the patient returns home and has to face all his old associations and erroneous conceptions, he has to rely entirely on confidence, and, as general experience proves, at least nine out of ten will soon find that they had built their house "upon the sand." As soon as the "cured" stammerer, in spite of careful application of the method, finds himself stammering again, his confidence in the method receives a very severe shock, and, from this moment, his suffering,

which was, of course, artificially subdued, breaks forth anew. The more complete the stammerer's previous confidence in the instructor and in the method, the worse is he influenced by the subsequent stage of despondency and despair.

By far the largest percentage of persons thus "cured" are *bound* to suffer a relapse, since the real cause of the trouble—namely, the emotional complex—has not been dealt with in the least. The outcome of the complex—namely, dread and impeding psychic resistances—will, of necessity, appear on the scene again, as the shaken confidence is no longer able to keep the patient's ego free from the sway of the pathogenous complex.

Let confidence once be broken down, the pitiable stammerer, dependent on himself (being away from the establishment), is utterly unable—even if he would practise daily for hours—to inspire himself again with confidence in the method. Without confidence, the mechanical methods (and we feel it our duty to point it out once more) are of no avail whatsoever, as they are entirely dependent upon faith. A stammerer should carefully guard himself against such "cures," where faith and confidence are required, and which inevitably end in a relapse.

To avoid misconceptions, we would point out that we are, of course, well aware of the fact that "suggestion" is an extremely helpful agent in the effective treatment of quite a number of diseases. However, when ailments are concerned which are merely caused by unconscious psychic stimuli due to complex influences, hetero-suggestions (hypnosis and non-comatose suggestion) are of little avail to the patient, neurotic dread being far too strong to allow them to counteract effectively. If dread be very slight and the patient's powers of con-

centration good, it is possible to bring about a complete and lasting cure in a small percentage of cases by means of auto-suggestions, which necessitate the sufferer working out his own salvation, as it were; but speech drill must be strictly avoided.

After Dr. Liébault (late of the University of Nancy) had worked out the theoretical basis as regards the curative influence of auto-suggestions, it was Dr. Lévy, of Nancy,[39] who founded the first practical system of their application. Liébault has explained the influence of auto-suggestion in a fundamental manner, quite in contradistinction to the empiric procedure in vogue till then. He says: "It is my full conviction that an art exists which will make the mind influence the body, and this not only with other people, but also with one's own self. To be cured does not require the agency of a hypnotist, a trick, a cabalistic formula, or a fetish; in short, no striking apparatus of any kind is needed, but solely the concentration of attention on the idea 'to be all right again.' Everyone has the faculty in himself to bring about such intense and sure results by it as by no other curative. Not that it is my intention to deny the significance and benefit of medicaments—as a matter of fact, it is my wish to enrich the therapy, not to impoverish it—but a simple negation of the disease is always felt beneficially by the organism, and is frequently sufficient by itself to produce good results. For mental pharmacology is anything but quackery. One need only concentrate one's thoughts, with intensity, on being cured, and one is already in possession of a healing art by the application of which anyone will bring about good results."

Here is not the place to give details about the systematic application of auto-suggestions, and we

refer those interested in the subject to Dr. Lévy's excellent book entitled, "L'Éducation Rationelle de la Volonté" (published by Alcan, Paris, 1906). We would only point out that the effect of auto-suggestions largely depends on two factors — namely, on the patient's powers of concentration and his capacity for arousing and cultivating a *feeling* of self-reliance, which automatically drives the suggestion home with irresistible power. If, owing to intense counteracting influences, impelled by the emotional complex, the patient's powers of concentration are weak, it is utterly impossible for him to form any new associations of thought which are able to outweigh those influences. As the complex-influences are of considerable intensity in a large majority of stammering cases, it is obvious that the application of auto-suggestion is, unfortunately, only useful to a very limited number of sufferers.

The advantage of auto-suggestions compared with hetero-suggestions lies in the fact that they do not appeal, as the latter do, to faith, but largely to the patient's intellect, and, at the same time, they enable him to cultivate an independent, clear-sighted activity of his will. A cure effected in that way is, as a rule, lasting, unless the patient lose confidence in the logic of facts and in his own observations.

In order to enable the patient to live up to his auto-suggestions, on the one hand, and to counteract the influences of the emotional complex, on the other, it is, according to our experience, to the last extent advisable to cultivate a saturated *feeling* of mental ease. By so doing, the psychologic axiom is utilized—namely, when a man practises one and the same feeling over and over again, this feeling will in time dominate the man.

To this end it is imperative that the patient avoid any too great pressure of volition, and that he speak in the easiest, let us say the most phlegmatic, way possible. Whilst speaking, he must also endeavour to keep up the saturated feeling of ease, and manifest it in the act of speaking itself. We refer to the ease which presents the sentence piece by piece, exactly like some public speaker who, quite phlegmatically and comfortably, unfolds his subject little by little, just as it occurs to him. Thus the question, answer, narrative, or speech gets the character of something unaffected and unstudied, with a peculiarly modulated cadence as it is stimulated by the ease of the moment, a manner of speaking which impresses the listener much more favourably than the rattling off of long, studied periods.

The patient should not be afraid of ever being too much at ease. As any ordinary speaker has his peculiarities, nobody will mind letting the patient have his—only let it be the most natural one imaginable.

Further, what the patient is going to say should appear to him so indifferent and insignificant in proportion to his endeavour to induce the phlegmatic feeling that he should be inclined to pay very little attention to the form and construction of his words. The important thing for him is the maintenance of personal ease, and what he is going to say should be of secondary consideration. The patient should work with the greatest determination towards the attainment of ease, of which it is impossible for him to obtain an overplus.

The stammerer who, following our directions, applies the lever to the right point with all his energy—that is to say, who forces and educates himself to that permeating feeling of ease—will be able, in a comparatively short time, to speak without stammering, always pro-

vided that the counteracting complex-influences are not intense. If these influences be but slight, the phlegmatic feeling is before long so strong as to allow the patient to check the advance of dread. The watching of "bugbear letters" will subside as well, since, owing to the pervading feeling of ease, there is no crowding of thoughts, but the latter move on step by step, thus making anticipation impossible.

The more the patient cultivates that phlegmatic feeling, the more chains of associations he forms, which ultimately are able to counteract entirely and to "cover up" the emotional complex. He should take care never to utter a thought unless the feeling of comfort cause it to flow over his lips, as it were; on no condition should he apply any effort when pronouncing a word; all his energy, as pointed out before, should be concentrated upon the inducing of the comfortable feeling of ease. The sufferer, in order eventually to be reminded of it automatically, should always keep this thought in mind: "When my feeling of ease is intense enough, the thought *flows* over my lips of itself." This should also form the main theme of his regular auto-suggestions, to be applied twice daily.

If, however, the patient now and then omit to think of this suggestion, and the anti-suggestion, "I can't talk," take possession of him, causing him to come to grief, he should remember the fact that it is not possible in a few weeks firmly to establish a new train of thought under adverse circumstances. Any dwelling on the breakdown would merely augment the power of the complex-influences.

As mentioned before, this auto-suggestive treatment, combined with the cultivation of absorbing mental ease, is, unfortunately, completely effective only in a small

percentage of cases. In inveterate and severe cases the patients are, as a rule, utterly unable to cultivate that feeling of ease and to make their auto-suggestions so strong as to counteract the emotional and impeding influences of the complex.

It goes without saying that a treatment which merely effects a cure by covering the complex up cannot be considered as ideal from every point of view, inasmuch as the energies contained in the complex are thus entirely lost for the patient. This would be practically immaterial in slight cases, where the complex has but a small extension. In severe cases, however, it would be a regrettable mistake to imprison the substantial complex, as the patient would then never be able to develop all his faculties properly.

In order to illustrate that fact, we will make a comparison. The mind is like a country which possesses an army of, say, 100,000 men. In this army 5,000 of the troops become rebellious, and to check the rebels the commander-in-chief has to put 7,000 to 10,000 soldiers in the field. The army is now diminished by 12,000 to 15,000 men, who are engaged in the interior and cannot be made use of for purposes of defence when occasion requires.

By suggestions the "rebels" are often strengthened, while, on the other hand, part of the army has continually to be kept under arms, and cannot be employed for external tasks. In this way nothing is gained for the patient's personality in its entirety. The *only* ideal treatment is the psycho-analytical one, which alone reconciles the "rebels" and leads them back to the main body of the army.

In the following chapter we will endeavour to show in detail how psycho-analysis has to be applied.

CHAPTER IX

THERAPEUTICS (*continued*)

IT has been justly pointed out by Dr. Loewenfeld[41] that, strictly speaking, any therapy is psycho-therapy; but the technics which have hitherto been applied for the effecting of cures have been partly confined to persuasion, partly to promises working by suggestion—*i.e.*, by strengthening the patient's assurance that his affliction would soon be removed—partly, also, to direct hypnosis. In fact, while the psychic causes of the disease were previously not realized, or, at the most, were only superficially entered into, psycho-analytical therapy searches for the root of the ailment. Psycho-analysis has nothing in common with any other psycho-therapeutics; it ignores hypnosis or any form of suggestion, and merely uses the patient's thoughts and dreams as means by which to lay bare his unconscious.

The advantages of psycho-analysis compared with suggestive therapy are brought out in the following quotation by Professor Freud: "Between the suggestive technics and the analytical technique exist the greatest contrast possible—that contrast which the great Leonardo da Vinci, for the arts, has framed in the formulæ *per via di porre* and *per via di levare*. The art of painting, says Da Vinci, works *per via di porre*—that is, it puts small heaps of colour where they previously were not—

namely, on the uncoloured canvas. Sculpture, on the other hand, proceeds *per via di levare*—namely, it takes off from the stone as much as still covers the surface of the statue contained therein. Quite in a similar way the suggestive technics try to work *per via di porre;* they do not care about origin, dynamics, and signification of the pathologic symptoms, but add something—viz., the suggestion—which, they expect, will be strong enough to prevent the pathogenous idea from manifesting itself. The analytical therapy, on the other hand, does not aim at putting on, or introducing something new, but it aims at taking off and clearing the ground; and to this end it attends to the genesis of the pathological symptoms and the psychic connexion of the pathogenous idea, the removal of which is its aim. I was early obliged to give up the suggestive technics, including hypnosis, as I despaired of making the suggestion so intense and durable as would be necessary for a permanent cure. In all severe cases I saw the suggestion, laid on, peel off again, and the disease, or a substitute of it, make its reappearance. Besides, I reproach those technics with veiling our insight into the play of the psychic forces."

Analytical treatment is, unfortunately, very difficult, and requires a considerable amount of practice and experience before it can be applied effectively. We will quote Freud once more: "The mistake seems to be largely spread amongst my colleagues that the technique of investigating the causes of the disease and the removal of the symptoms by that investigation is easy and self-evident. . . . However, the psychic instrument is by no means easy to play. I am here induced to think of the discourse of a world-renowned neurotic man who, of course, has never been under medical

treatment, but who has merely existed in a poet's imagination. I am referring to Prince Hamlet of Denmark. The King has sent the two courtiers, Rosencrantz and Guildenstern, to him, in order to sound him and to wring the secret of his depression from him. Hamlet keeps them off; then he takes a flute and asks one of his tormentors to play on it, remarking that it is as easy as lying. The courtier refuses, pointing out that he knows no touch of it. As he cannot be induced to try to play the flute, Hamlet ultimately bursts forth: 'Why, look you now, how unworthy a thing you make of me. You would play upon me; you would seem to know my stops; you would pluck out the heart of my mystery; you would sound me from my lowest note to the top of my compass; and there is much music, excellent voice, in this little organ, yet cannot you make it speak. Why do you think that I am easier to be played on than a pipe? Call me what instrument you will, though you can fret me, you cannot play upon me.' "

Now let us turn from these quotations from the works of this, the greatest of psycho-analysts, to a practical application of his marvellous theories.

In carrying out the psycho-analytical treatment it is advisable for the patient either to lie down on a couch or to sit in an easy chair. Thus the patient, freed from all muscular activity, can concentrate the necessary attention on a certain train of thought; if under the influence of strong emotions, he is also at liberty to pace the room to and fro, or to carry out certain symptomatic actions, which often turn out to be very significant for the comprehension of one or the other symptom.

At the beginning of the treatment it is imperative to point out to the patient that the only thing which

psycho-analysis absolutely requires of him is concentration and sincerity. He is expected to say everything that passes through his mind, even if he be of opinion that certain thoughts which occur to him are immaterial or do not refer to the subject. It is absolutely necessary for him to avoid all criticism and to leave it to the psycho-analyst to decide whether the thoughts produced are of significance for the understanding of his affliction or not. It is incumbent upon the patient to communicate those thoughts also which an inner resistance endeavours to persuade him to conceal.

The patient, put at complete ease, and well aware of the necessity for concentration and for perfect sincerity, is now asked to give a detailed account of his life and environment, particular attention being paid to the time previous to the beginning of his stammering. When the patient gives the account, many lapses of memory show themselves, incidents have been actually forgotten, temporal relations have been confused, or casual connexions have been disjoined, so that apparently inexplicable effects are produced. There is, of course, no account of any neurotic disease without an amnesia of some sort at the outset. When pressing the narrator to supply those lapses of memory by intense concentration, one notices that the thoughts just about to emerge are pushed back by the inner (critical) resistances, until he eventually feels a direct dislike (pain) when the required recollection actually appears. Freud rightly concluded from that experience that the amnesias are the result of the process which he has described as "repression."* The psychic forces which have brought about this repression are to be felt in the *resistance*

* See chap. v., pp. 110 *et seq.* For further details see also Dr. E. Hitschmann "Freud's Neurosenlehre," Leipzig, 1911.

which arises against the incidents being recalled. To find and to solve these resistances is the most important part of therapeutic work.

When we notice, at the beginning of the treatment, that a patient's resistances are so intense that he finds it impossible to produce anything which he has a tendency to repress, we usually apply the system of unveiling unconscious ideas, as elaborated by Dr. Jung, of the University of Zurich. The process is carried on in this way: the patient is challenged by a "stimulus-word,"* and he must reply with the first association which comes to his lips. The association word is called the "reaction."

The system starts from the premise that words are abbreviated actions or representations, and it works in a similar way as when an Indian magician is able to make the situation, conveyed by some stimulus-word, arise before the mental vision of his audience. If no emotional complex is touched by the stimulus-word, the reaction is produced without hesitation, and is in logical sequence. If a complex be stimulated, the reaction either requires more than the average time, and thus expresses: "I am undecided as to what to say"; or the reaction is illogical, and expresses: "If I were in such a situation, I should do what is not adapted for it." The system, therefore, allows us, first of all, to test how far the patient is able to adapt himself to his environment, and, at the same time, to find out from what repressed complexes (in rough outlines) he is suffering.

As soon as the patient feels at ease and answers readily, we take a stop-watch (indicating fifths of a second) and proceed to call off the stimulus-words.

* See chap. vi., pp. 143 *et seq.*

Like Jung, we use, as a rule, a set of one hundred stimulus-words. The moment we call off "head," we set the watch going; as the patient answers, we stop it. In this manner the whole list of one hundred words is run through. This done, we go over the list once more, inducing the patient to answer just as before, but to give the same association, if he can recall it.

The following is part of an actual record on a case of stammering:

	Stimulus-word.	Reaction.	Time.*	Reproduction.
1.	head	hair	1·6	+
2.	green	lawn	1·2	+
3.	death	fear	3·4	burial
4.	long	short	1·4	+
5.	boat	to row	1·0	+
6.	to pay	much	2·8	+
7.	window	pane	1·6	+
8.	lake	water	2·4	boat
9.	kind	animal	1·8	+
10.	father	son	5·2	+

* Time in seconds (that time only is noted which it took the patient to think of an association; the surplus of time now and then required by stammering has been deducted). + indicates that the association was remembered.

In such a record we look for associations which show one or more indications of distracted attention, invariably due to complex-influences. Dr. Jung gives the following list of the symptoms of unconscious complexes:

1. Unusually long time caused by the interference of a strong emotional tone.

2. Strange (illogical) reaction; mistakes, or no reaction at all.

3. Stereotyped repetition of a stimulus-word.

4. Forgetfulness.

5. Persistence of the disturbance for following associations.

6. Translation into a foreign language; a quotation, or a vigorous expression.

As further complex-indicators which can frequently be noticed we may mention:

7. Surprise at a stimulus-word.

8. Laughing at a reaction (the patient is often compelled to laugh when his unconscious has been hit).

9. Superficiality of the association.

All these symptoms show that emotional complexes bring their impeding influences to bear strongly even on the associations of ideas, and we know from our experiences that exactly the same impeding influences produce stammering. Though it is usually understood that the association of ideas is under a man's free option, and that he *can* say what he wants to say, he cannot do so; he is *compelled* to say what his complex suggests. His reactions, therefore, are by no means free ideas, but merely symptomatic actions (Freud), which are directed by a psychic factor which acts as a second personality. The emotional complex thus produces effects which continually and successfully compete with the intentions of the ego-complex; they stimulate reactions, in spite of the antagonistic attitude of the ego-complex, and send up associations for the meaning of which the ego-complex often has no explanation.

All our thoughts and actions which appear to be conscious in their essential parts are, in reality, composed of smaller particles, which are determined, in a very subtle manner, by innumerable momenta lying entirely outside consciousness. The process of association appears to be the work of our consciousness, carried

out at its own discretion, free will, and attention; as a matter of fact, however, consciousness is but the puppet which dances on the stage, behind which is hidden an automatic mechanism.

To return to our description of psycho-analytical methods. After finishing the whole record of one hundred words, it is necessary to find the probable mean which the patient took in producing the associations. Considering that an excessively long hiatus frequently occurs, the application of the arithmetic mean is not practicable, as the high figures caused by the hiatuses would influence the average in an absolutely mistaken manner. This drawback is avoided by applying the probable mean, which is found by arranging all figures according to their value, and by simply taking the middle figure. In the record quoted the probable mean (taking into account the whole list of one hundred words) is 1·8 seconds. Any reaction which required more time than 1·8 seconds shows complex influences (in our case the associations to the words "death," "to pay," "lake," and "father").

Then the patient was asked what he thought of for "death." He said that, owing to his affliction, he had often suffered from intense depression, which sometimes even took the shape of pronounced weariness of life. If it were not for his aged parents and for religious considerations, he would have blown out his brains some years ago. (How intense the "suicide complex" was, is evident by the fact that he was absolutely unable to remember his first association, "fear.")

The word "to pay" brought up old unpleasant recollections in connexion with money matters at home.

For the word "lake" the association was also forgotten. On being asked how he accounted for the two complex-indicators (long reaction time and forgetful-

ness), he answered, after some thought, that he vaguely remembered having had an accident with a boat on a lake near Keswick when scarcely three years old.

In connexion with "father," he produced an abundance of infantile recollections. His mother used to spoil him, while his father tried to counteract this influence by fits of excessive strictness. He used to stand in such awe of his father that he identified him later on with the giants about whom he read in fairy tales. (It would take too much space to quote all associations to "father" produced by the patient. Needless to say, he found it practically impossible, as time went on, to speak to his father at all without stammering.)

These few instances may suffice to show that any experiences of an emotional nature, especially those of early childhood, remain in the person's mind as a complex, which mixes itself up with the most ordinary affairs of life. Every person, of course, has one or several complexes which, in some way or other, manifest themselves in his associations. The whole memory material is grouped around these complexes, which, as we have pointed out before, entirely impel a man's thoughts and actions, and, therefore, his associations also. Owing to this fact, a complete record of a patient's associations invariably allows us to find out the main outlines of his complexes, and thus renders us able to overcome a certain amount of his unconscious resistances.

It goes without saying that the patient is often utterly unable to explain immediately why there are strong indications of complex-influences in connexion with some words. In a case of this description we ask him to say a series of words ("free associations") just

as they occur to him incidentally, so to speak, whereby, relying on the rigorous determinism which underlies all psychic events, we expect him to call out words that are connected with the searched-for repressed occurrences. When the patient then gives us his "free associations," one out of three possibilities will happen —viz.:

1. The patient may give a series of words referring merely to his present environment; for example, "death —life—to eat—table—chair—carpet." (Such a series of external associations would be useless, and indicates the patient's endeavour to distract his attention from himself.)

2. Or he may give an "identical series," such as "death — coffin — grave — funeral — clergyman." This form of association, again, shows the patient's resistances, inasmuch as he tries to shut off unconscious influences by intellectual (conscious) concentration.

3. By avoiding conscious concentration, the hidden complex-influences are allowed to exercise the control over the associations. To this end it is imperative on the patient to react in a subjective manner on the stimulus-word, the complex being unable, without affect (emotion), to take the guidance.

It is self-evident that no analysis of the stimulus-word can be made, unless the *personal* relation be found. When the word has aroused an affect, the patient is bound to give a series of words which refer to his complex. When analysing these words, the patient is frequently unable to explain immediately the disguised meaning of some of them. In such a case one has to wait; the required explanation, as a rule, presents itself in the course of the next few days, quite by accident, as it were.

In this way it is possible, by means of associations, to obtain the outlines of the patient's complexes, and, at the same time, to overcome his first resistances. However, much more is required to get accession to all those repressed conflicts on which dread of speaking and the momentum of inhibition (" I can't ") are based. To gain this end, Freud has developed a most ingenious system of interpretation, which enables the psychoanalyst to find out the repressed thoughts and emotions from the chaos of thoughts and recollections produced by the patient. Without Freud's devices the psychologist would not only be unable to undermine the sufferer's immense psychic resistances, but he would soon lose himself in the labyrinth of thoughts, and ultimately get hopelessly astray.

The objectives of Freud's method of interpretation are not only the patient's flashes of thought, but also his dreams, which open up the most direct accession to the knowledge of his unconscious; further, his unintentional, quasi-desultory actions, and his blunders in functions of everyday life, give matter for consideration. The method consists of a series of rules built upon profound experience, which enable the analyst to construct the unconscious material out of the thoughts produced by the patient; it further contains instructions as to the procedure, when the thoughts refuse to come, and advice for dealing with the most important typical resistances which usually occur in the course of such treatment.

Though, at the first glance, it looks very much as if one could safely rely on the patient's flow of thoughts and carry out this system of interpretation accordingly, any practical attempt, be it ever so short, shows that the analytical work is very frequently interrupted by

the resistances which contend against giving vent to the repressions. The removal of those resistances is the *main task* of the analytical technique, and, when this is achieved, the material required for the disclosing of the emotional complex results of itself. The psycho-analyst must be prepared for these resistances, which are clothed in a great variety of forms, and invariably lead to pauses in the patient's train of thought. The pauses have certain typical symptoms which are easily diagnosed by an experienced psychologist. The flow of thought can, for example, be interrupted by a feeling of intense antipathy or sympathy between patient and analyst, which the former tries to hide. In a similar way impatience on the part of the sufferer, owing to the comparatively long duration of the treatment (the pecuniary side of the matter troubling him), acts as an interruption. The resistance is further evidenced, in frequent cases, by the patient's dreams, which either discontinue altogether or which flow in such abundance as to render it impossible to deal with them properly within the compass of the daily treatment. The experienced psycho-analyst will acquaint the patient with the momentary resistances from time to time, and the analysis will thus be achieved at a quicker rate, because by the removal of a resistance the accession to new unconscious material is accomplished, this resistance having acted as an obstruction to that repressed material.

As mentioned before, besides the patient's thoughts and symptomatic actions, his dreams are of the greatest importance, since they provide the best material with which to penetrate into the unconscious mental life. In fact, the experimentalist who does not understand the symbolic language of the dream and its origin will in vain endeavour to understand the psychic structure

of phobias and obsessions, or to carry out a completely successful psycho-analysis. Dream analysis, in spite of its vital importance from a therapeutic point of view, is a subject little studied or understood up to the present; we will, therefore, give a few outlines of the structure, etc., of dreams, though the following description can at best serve but as an introduction to the study of Professor Freud's "Traumdeutung":[31]

"It is commonly believed in scientific circles that the mental processes of which dreams are composed arise, without any direct psychical antecedent, as the result of irregular excitation of various elements in the cerebral cortex by physiological processes occurring during sleep. This, it is maintained, accounts for the confused and bizarre nature of the mental product, and any apparently logical connexion and order that frequently appear, to some extent, in dreams are explained by the supposition that the mental processes in question are represented in cortical elements that stand in close anatomical or physiological relation to one another, and so are simultaneously stimulated by the peripheral stimuli. Hence, any problem as to the psychical origin of the mental processes, still more as to the *meaning* of the dream as a whole, is by the nature of things excluded as being non-existent, and any investigation along such lines is condemned as savouring of antiquated superstitions about the 'reading of dreams,' unworthy of educated people. To this attitude Freud, as must every consistent philosopher, stands in sharp opposition. He contends that dream processes, like all other mental processes, have their psychical history, that, in spite of their peculiar attributes, they have a legitimate and comprehensible place in the sequence of mental life, and that their origin can be psychologically

traced with as much certainty and precision as those of any other mental processes.

"It is, at all events, striking that up to the present no investigator in any country, who has taken the trouble to learn the technique of the psycho-analytic method, has reached any conclusions that fail to confirm Freud's in all particulars, although at least fifty thousand dreams have been investigated by this method; this fact in itself speaks for the finished state in which Freud gave his theory to the world."*

Freud was led to the scientific investigation of the subject of dreams by the fact that neurotic patients who were undergoing his psycho-analytical treatment spontaneously related to him dreams which occupied much of their attention during the day. On close examination of the dreams he found that, almost without exception, they were intimately connected with the momenta causing the ailment, and also that they always contained infantile roots. The unconscious, which forms the basis of any neurosis, is certainly disguised in dreams, but it can be deciphered. By the discovery of this fact Freud found what he himself calls the royal road to the patient's unconscious. The same mechanisms are found in neurotic symptoms as in dreams—that is to say, what plays a part in the one will be found in the other. For example, the incomprehensibility, which is a feature of the dream, is also a feature of neurotic symptoms, incomprehensibility in both cases replacing erotic material which had become unconscious, owing to repression.

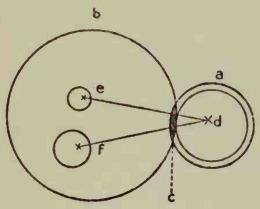
But there are other actual dream-instigators, in addition to the infantile and erotic stimuli already

* "Freud's Theory of Dreams," by Ernest Jones (M.D. Lond.), "American Journal of Psychology," April, 1910.

noticed, among which are the ignored incidents of the previous day with their numerous, though apparently unimportant, details, which, on superficial consideration, frequently seem to govern the scene of the dream. Somatic sensations and external stimuli must not be overrated as dream-instigators; they may stimulate the dream, but they are, like other recent occurrences, employed merely in order to disguise unconscious wishes.

To make the influence of dream-instigators clear, we will, by means of a simple diagram, illustrate the process.

Let *a* represent the contents of consciousness and *b* the unconscious; *d* may represent a recollection or an experience of the previous day, which was able to form associations with forgotten (repressed) memories contained in the complexes *e* and *f*; *c* may represent the "endo-psychic censor"—*i.e.*, the psychic resistance that keeps mental processes unconscious. A dream can only be stimulated by a recent experience (*d*), if the latter be able to form associations with repressed wishes accumulated in the complexes *e* and *f*. Since consciousness sleeps, it is naturally unable to supply the energy required for the "dream-making." To use Freud's comparison: Let us imagine that a thought of the previous day plays the part of a *contractor* for the dream; but the contractor who has the idea and the desire to realize it, cannot possibly get to work without capital; he wants a *capitalist* to defray the expenses, and this capitalist who furnishes the psychic expense for the dream is always a wish of the unconscious. The dream-thoughts thus instigated have to undergo



a series of changes (explained later on), before they are allowed by the endo-psychic censor (*c*) to enter consciousness as the "manifest content" of the dream. According to our diagram, two dreams would be produced, as both complexes *e* and *f*, like cinematographs, would project their respective dream-thoughts into consciousness.

Generally speaking, dreams may be classified into the following three categories—viz.:

1. Dreams which are, at the same time, sensible and intelligible; such especially are the dreams of children.

2. Dreams which are connected and have an evident meaning—a meaning, however, the contents of which are curious and surprising, and cannot be fitted into the rest of our waking life.

3. The most frequent type of dreams—those where the mental processes seem disconnected, confused, and senseless.

After studying intensely his own dreams and those of neurotic patients, Professor Freud discovered the very important fact that a dream invariably represents the dramatic fulfilment of a wish, an infantile wish being mostly combined with an actual one. The wish character can be easily realized in some dreams, though it is not obvious in the majority of adults' dreams. The dreams of a healthy child, however, present, as realized, the naïve and simple wishes which had been aroused during the daytime and had remained unfulfilled. Numerous other dreams, especially dreams where dread and apprehension play a part, at the first glance seem to be an argument against the wish theory, and are frequently used as an objection to its generalization.

Freud will, however, be found quite capable of meeting such objections. He proves that the dread dream,

after interpretation, shows itself also as the representation of a repressed erotic wish, the disguise of which failed. When analysing a dread dream, it can always be found that the dread felt in the dream is only seemingly explained by the contents of the dream; as a matter of fact, it is only "soldered on" (as Freud expresses it) to the representation accompanying it, and originates from another source. It is, therefore, not a new side of the dream problem which becomes manifest in dread dreams, but it is the actual conception of neurotic dread which has to be dealt with. The dread dream belongs to the problem of dread, which we have already discussed in connexion with the ætiology of stammering.

It must not be imagined that the interpretation of patients' dreams and the fitting them into the psychic puzzle, so to speak, is an easy matter. What the patient remembers in the morning is mostly a highly phantastic, sometimes paradoxical, formation of thoughts which, even where it seems to be logically joined together, does not disclose the *real* sense of the dream. But if Freud's method be applied to any component part of a dream, however senseless it may appear on the surface, mental processes are reached which are of high personal significance to the dreamer. Freud terms the mental processes thus reached the "dream-thoughts"; they constitute the "latent content" of the dream in contradistinction to the "manifest content," which is the dream as related by the patient. It is absolutely essential to keep these two groups of mental processes strictly distinct, for on the appreciation of the difference between them rests the whole explanation of the puzzling riddle of dreams. The "latent content" is a logical and integral part of the patient's mental life, and contains none of the incongruous absurdities and

other peculiar features that characterize the "manifest content" of most dreams.

One must not be misled by the dream being, in one point, or in several points, connected with occurrences or impressions of the previous day. These connexions are but superficial, and have but loose, insignificant relations to the complexes which actually formed the dream. As pointed out before, the real basis of the dream is formed by experiences and wishes of early childhood which had been repressed, and hence completely forgotten, but the existence of which can often be objectively confirmed. Those early memories sometimes occur with startling fidelity even in the "manifest content"; in the "latent content," however, such forgotten memories appear far more frequently, and Freud is of opinion that the "latent content" of *every* dream is very likely connected with mental processes that extend back to early childhood.

The distortion of the dream-thoughts into the dream as it is remembered, takes place according to certain well-determined psychological laws, and for very precise reasons. The essential part of Freud's theory on dreams resides in his tracing the cause of this distortion to a "psychic censor"—*i.e.*, a repressing action of consciousness in the service of the ego, which even works during sleep and does not allow those repressed impulses to pass in full clearness. He arrived at this conception from the analysis of various psycho-neurotic symptoms, which he found to be constructed on a plan entirely analogous to that of dreams. Owing to the censorial obstruction—*i.e.*, that kind of moral check which is still more alert in the waking state—not only the latent dream-thoughts are compelled to put on a more or less complicated disguise, but, at the same

time, the emerging of painful emotions which would be connected with the unconscious becoming distinctly conscious, is, as a rule, also avoided.

To understand the real meaning of the dream, it is necessary to translate its "manifest content" into the "latent content," just as a hieroglyphic script does not yield its meaning until it has been interpreted. Here the question arises: What are the psychic processes by which the carefully interpreted dream-thoughts have been transferred to the apparently incomprehensible dream? When one is studying this many-sided and peculiar "dream-work," one is struck by the characteristic feature that the dream-thoughts, found by analysis, greatly surpass in extent the remembered content. This circumstance indicates an extensive *condensation* of the dream-thoughts. Each of the elements in the manifest content does not originate from a single element of the latent dream-thoughts, but represents the fusion of several of them; on the other hand, one dream-thought is, as a rule, represented by more than one dream element. The condensation is shown in several ways; for example, a figure in a dream may be constituted by the fusion of the memories of two or three different actual persons, gathering up some traits common to different persons and neglecting the ones not common to them, thus forming what Freud terms a "collective person." The same process frequently affects scenery, rooms, and even names, so that neologisms may be formed.

Besides condensation, a second process gives rise to another misconception about the psychic value of dreams, and adds to their incomprehensibility. While the interpretation discloses the ingenious train of thought underlying the dream in proper order and with

its corresponding emotional tone, subordinate and insignificant elements in the dream are nearly always endowed with disproportionately intense emotional tone. This *displacement*, as it is called, of psychic intensity from important to subordinate elements contributes, to a large extent, to hide the sense of the dream, and to render unrecognizable the connexion of the manifest content with the dream-thoughts.

Besides condensation and displacement, two most significant and most characteristic assets for the dream-making, the *regard for dramatization*, like the arts of painting and sculpture, further compels the dream to employ special expedients to indicate mental processes that cannot be directly portrayed. Just as a painter has indirectly to convey abstract ideas by adopting certain technical devices, so a dramatist has to select and modify his material, in order to make it conform to the restrictions of his art. In a dream the mental processes are dramatized in such a manner that the past and future are unrolled before our eyes in a present action; a wish, for instance, which refers to the future is seen realized in a present situation.

The dream-thoughts that have become unrecognizable and incomprehensible by that regard to dramatization and the "distortion" exercised in the service of the endopsychic censor, are ultimately subjected to a final rearrangement; the latter is (in different dreams) carried out more or less carefully, with the purpose of giving the originally ingenious dream-thought, which has been made senseless by the dream-making, the outward appearance, at any rate, of sense and connexion. This accomplishment of the dream-making, termed *secondary elaboration*, represents a concession to conscious thinking, on the one hand, while it again serves censorial

purposes, on the other. The secondary elaboration particularly affects parts of the dream that have been insufficiently distorted during the dream-making. Its action continues after waking, so that the memory of a dream becomes more altered the greater the period which has elapsed since it was experienced.

A second most significant fact (besides the "wish" character of the dream) was discovered—namely, the fundamental law that the majority of the dreams of adults treat of sexual material, and give expression to erotic wishes. It goes without saying that an opinion on this point can only be formed by not registering merely the manifest content, but by penetrating into the latent dream-thoughts. The explanation for the frequency of erotic material in dreams is to be found in the circumstance that no other instinct has suffered so much suppression since infancy as the sexual instinct, with its numerous components. The essential content of a dream is, therefore, formed by the fulfilment of an erotic wish. However, Freud has never thought of maintaining that this feature of the dream be exclusive; on the contrary, as his comprehensive work on "Die Traumdeutung" shows, he has pointed out that quite a number of dreams contain either egotistic or ambitious wishes.

The statement that the majority of dreams of adults discloses an erotic content appears at first to be unproved, since the language and the pictures of a dream rarely take up sexual scenes, but are, mostly in a harmless or even in a poetical manner, composed of animated pictures taken from family, nature, travelling, etc., which correspond with the dreamer's actual family and other life. Further, as an instinct is in question, of which everyone is more or less ashamed, and with which

he does not like to see himself affected so broadly, naturally it was this part of the dream interpretation which aroused general contradiction. However, Freud has proved that the subject of sexuality does not crop up in dreams without disguise, but is represented in a typical, recurring, and symbolical way of expression, analogous to metaphorical speech. The layman who is informed of this fact for the first time might easily contract the impression that it is extremely arbitrary to take quite harmless and apparently commonplace pictures, objects, actions, words, etc., in an erotic sense. But the psychologist who has become familiar with the language of neuroses, the roots of which are concealed by repression, can be easily convinced that both the dream and the expression of the neurosis *cannot* possibly disclose their real sense without adopting a mask.

Where the manifest content of a dream becomes strikingly harmless or confused (and such a dream is frequently connected with dread), one can safely suspect something which is the product of a particularly intense repression. It is the censorial influence of consciousness which compels the dream to make use of the disguising language of symbols in order to render the representation possible. In passing, we will mention that the use of symbols is not a peculiarity of dreams only, but it can be found in folk-lore, myths, fables, and puns, often more completely than in dreams. It is to be expected that the scientific proofs for the large extension and popular psychological basis of symbols will soon be fully produced by the contributions of mythologists and philologists, and that they will thus lose their paradoxical appearance.

The psychologist who does not understand the symbolic language of dreams will never be able to in-

terpret a dream completely or to carry out a psycho-analysis successfully. Symbolism is the first and most important technical resource for the psycho-analytical interpretation of dreams; to master the knowledge of symbolism is, therefore, indispensable for the psycho-analyst, as symbolism, in each case, is bound to be unconscious, and hence no associations occur to the patient. It is entirely the task of the analyst to apply this knowledge, and especially must he do so in cases where an element of the dream (owing to the patient being unable to give any explanations) arouses suspicion that it is a symbol.

Though the intimate knowledge of symbolism enables the physician or psycho-analyst positively to lay bare the deepest stratum of the unconscious dream-thoughts, the finding of those thoughts which arose from actual conflicts is not practicable without minute interpretation, by the aid of the patient's free associations. It is by this means only that it is possible to insert the interpreted dream into the whole of the psychic concatenation. This actual analytical work, in the first place, brings a material to light which, in the strict sense of the word, is not unconscious, but must perhaps be termed "fore-conscious," inasmuch as it can be made conscious without special difficulties.

The technique of dream interpretation, therefore, does not start from the symbolism, but from the dreamer's own thoughts and spontaneous associations. To interpret a dream, it is essential to split up the dream-text (which should be written down by the patient immediately after waking) into single pieces, called the dream-elements, without paying heed to any external connexion (secondary elaboration). When the patient from each of these elements now gives himself up,

without criticism, to his train of thought (free associations), he will soon produce a quantity of thoughts and recollections, all of which are not only intimately connected with the content of the dream, but also present a continuous sensible whole. These associations—no matter whether they are free ones or are called forth by stimulus-words—frequently show superficial connexions by means of unison, ambiguity, temporal coincidence without inner meaning—in short, by means of all those ways of association as they are used in jests, puns, etc. However, the significance of these associations becomes more plausible when one is familiar with the fact that, whenever a psychic element is connected with another one by a superficial association, there must also exist a correct and deep-seated connexion between the two which, underlying the resistance of the endopsychic censor, has to hide behind that superficial one. The beginner, who first finds it difficult to accept this rule, will also hear without conviction that occasionally a part of a dream does not yield its sense until single elements are inverted with regard to either space or time. Inversion is one of the most favourite means of dream-making which is so capable of many-sided application; it is, however, particularly valuable in the service of the censor, inasmuch as it brings about a degree of "distortion" which at first positively cripples the understanding of the dream. Some patients seem to employ this distorting mechanism to an inordinate extent, and many a dream can be interpreted only by inverting it altogether.

Those who intend taking up the scientific interpretation of dreams must repeatedly study most thoroughly Freud's "Traumdeutung" itself. We can here give but a few more practical hints. For instance, every-

thing that appears in the dream as actual words has to be traced back to a discourse which the patient has either overheard or in which he has taken part himself; this analysis invariably proves that the dream most arbitrarily combines but fragments of the actual discourses. A trick of the censor is also the forgetting of dreams, or part of them, which it is desirable to withhold from analysis. This often happens at the beginning of the treatment so completely that the patient does not bring any dreams, maintaining that he does not dream at all. This tendency of the censor, though in a weakened form, shows itself in the forgetting of part of a dream which, when supplied afterwards, has to be valued as being particularly full of rich information, for this later supplement invariably corresponds with those dream-thoughts that have undergone the most intense repression. A kind of miscarried "forgetting" shows itself in the fact that some parts of the dream are characterized as "confused" or "indistinct." These parts are also especially important, and mostly want to hide something important which has displayed itself from out the unconscious. When interpreting a dream, it is essential to bear in mind that the dreams of one night, or sometimes even of a series of nights, have an intimate connexion as to their contents, and the dreams of one night particularly should always be considered as a whole.

The beginner cannot be induced, without difficulty, to acknowledge the fact that his task is not always accomplished when he has succeeded in discovering a complete interpretation of a dream, and has found it to be sensible and coherent, containing all the elements of the dream-content. He must learn that it is possible that the same dream has another meaning (either part

or the whole of a dream may be "over-determined"), which escaped his attention. The question as to whether each dream can be interpreted has, from a practical point of view, to be answered in the negative. One must not forget that the analyst, when interpreting, has the psychic powers against him, which cause the comprehensive distortion of the dream. However, one is nearly always able to overcome the patient's inner resistances to such an extent as to gain a certain insight into the meaning of the dream.

Though each individual has entirely individual dreams, there is a certain number, which we will call "typical dreams," which have been dreamt by nearly every one, and which probably have the same meaning in every case. These typical dreams are especially interesting, as they may have the same origin with all men, and are therefore particularly useful for throwing light on the sources of dreams. Such dreams, are, for example, the dream of a beloved relative (parent, brother, sister, etc.) having died; of a situation in which the dreamer finds himself scantily dressed; or of passing through narrow rooms. To the class of typical dreams further belong those which have for their subject burglars, the act of flying, or a house (or part of it) being on fire. As it would take up too much space here to explain and substantiate the interpretation of symbolism in dreams and of typical dreams just quoted, we must again refer the reader to Freud's "Traumdeutung," which contains most of the details required.

Before concluding this very imperfect sketch on the analysis of dreams, we would point out the important fact established by many years of close research, that a dream never proceeds from trifles, but only from the mental processes that are of great personal interest

and of the greatest moment to the dreamer. The dream-thoughts are invariably ego-centric, and nobody can dream about matters that concern others, however deep his interest in relatives or friends may be, but only about matters that concern himself.

The analysis of dreams is of incalculable value for the cure of stammering, not only because it affords the easiest access to the exploration of the patient's unconscious in general, but especially because it allows us to disentangle with minuteness both his dread of speaking and the momentum of inhibition ("I can't"). A considerable percentage of stammerers experience intense dread when called upon to speak, though they have never had a severe breakdown, being always able to get through by a liberal application of substitutes and one or two other little helps. Though, in those cases, the intense dread seems to be unfounded, yet the stammerer finds himself utterly unable to remove it by logical arguments. Psycho-analysis, however, proves in each case that the "funk" is only too well grounded, but has formed, owing to the structure of the patient's repressions, a *wrong connexion* with speech. In dreams, as well as in neurotic ailments, the affect (dread in particular) is always right, at least as to its quality; its intensity may be increased by the displacement of neurotic concentration. Hence dread dreams represent an ideal means for the exploration and removal of dread of speaking, and we lay great stress on the careful analysis of dreams containing an intense affect. We may mention, by the way, that dread is frequently converted into anger, a conversion which is often met in the infantile form of dread neurosis. Children who easily fly into a passion suffer from a surplus of dread.

As to the momentum of inhibition to which stam-

mering is due, dreams again afford the most direct means of finding out those psychic conflicts on which the "impediment" is based. The dream has different ways by which to indicate those conflicts, one of the most striking ones being the sensation of an action or of a movement being hampered. The analysis invariably discloses that the momentum of inhibition is induced by the endopsychic censor checking a repressed, but in the dream a revived, erotic wish, which conflict may be expressed as "I would like to, . . . but I ought not to." The sensation of being impeded can be illustrated in the dream by any action that the dreamer intends to carry out at the moment the conflict sets in. Thus the impediment may be felt in connexion with walking or running, the dreamer having the impression either that he cannot cover the ground or that hundredweights are attached to his feet, and it may also be felt in speaking (stammering), playing, etc.

Needless to say, psychic conflicts of that description are at the bottom of all phobias, and sometimes produce even two or three different symptoms in one and the same individual. As a matter of fact, we have had several stammerers under treatment who, at the same time, suffered from claustrophobia or temporary inhibitions in connexion with walking or playing the piano, not to mention various obsessions. This fact alone goes to prove that a thorough psycho-analysis is the only means of removing *all* psycho-neurotic impediments entirely, and that speech drill cannot possibly eradicate those unconscious conflicts which cause stammering.

The above few remarks may suffice to show of what vital importance the scientific interpretation of dreams is for a successful psycho-analysis.

Further assistance for the exploration into the patient's

unconscious psychic life is offered by the so-called symptomatic actions. The latter comprise those actions which are carried out by a person "automatically, unconsciously, without paying any attention," so to speak; when asked, he would dispute their having any significance, and declare them to be indifferent and accidental. Closer investigation, however, displays that such actions, of which consciousness is not aware, lend expression to unconscious thoughts and impulses, and hence are valuable, and offer information as admitted utterances of the unconscious. Beside many possibilities of individual and specific symptomatic actions,* certain typical forms play, as a rule, a part in every psycho-analysis. For example, a resistance on the part of the patient is indicated by his being late for the hour of treatment. Important also, under the head of symptomatic actions, are the patient's first statements, both at the very beginning of the treatment and at the commencement of each hour of treatment. As he gives the psycho-analyst information by means of symptomatic actions in a similarly indirect way, the next dream also may produce the sought-for material in a disguised allusion.

In addition to those analytical means of paramount importance quoted above, we may mention a few rules of interpretation which were arrived at by Freud in an empirical way. They refer especially to the manner in which the patient reacts on certain instructions or explanations of the physician or psycho-analyst, which disclose unconscious processes. Amongst these reactions of the patient's, the so-called "unconscious yes" has to be particularly noticed; by this Freud understands such ideas of the patient as contain something corresponding

* Striking examples are contained in Freud's "Psychopathologie des Alltagslebens," Berlin, 1907.

to what the analyst has discerned, but not confirming his statement directly. A further indirect confirmation of the fact that the analyst has succeeded in disclosing the disguised unconscious to conscious perception is a characteristic laugh on the part of the patient, which even occurs when it is by no means justified by the contents of the matter disclosed. Other forms of affirmation cannot be submitted by the unconscious; there is no unconscious "no" at all. From this point of view, the "no" with which the patient answers, after the repressed thought has been, for the first time, submitted to his conscious perception, has mostly to be taken as a "yes" from the repression. When this "no" is not taken as the expression of an impartial judgment (of which the patient is naturally not capable), but is passed over and the analysis continued, the first proofs soon appear, which show that, in such a case, "no" means "yes"! Another rule which has been developed from the technique of psycho-analysis maintains that an inner, yet still hidden, connexion becomes manifest by the temporal proximity of the patient's ideas. A further experience teaches that, when a representation is left undecided, no account is to be taken of the patient's view, but the report is to be taken in the positive sense. When a representation wavers between two versions, it is advisable to consider the first version correct, the second as a product of repression.

Though the above sketch on the technique of the psycho-analytical treatment is unavoidably incomplete and somewhat unarranged, owing to the comprehensiveness of the matter, it may suffice to show how the psycho-analyst penetrates into the patient's mental life, and we may add the following practical remarks:

It is essential for the analyst to be as passive as possible; the more passive he is during the treatment the more quickly are the patient's resistances overcome, and the more rapidly the cure effected. The analyst's disposition has to be equable throughout. The patient frequently identifies him with those persons of whom he is obliged to think so often; owing to this identification (transference), one day the patient shows friendship and sympathy for him, another day he exhibits hatred or distrust. Whichever it be, the psycho-analyst must endeavour to impress the patient with the feeling that he thoroughly understands his affliction, and has but one desire—that of helping him. The atmosphere of help should surround the patient during the whole of the cure.

The task that has to be performed by the psycho-analytical treatment can be expressed in different formulas: (1) It can be said that the task of the cure is to remove the amnesias. When all gaps of memory are filled, all intelligible effects of the patient's psychic life are cleared up, the continuance, or even a new formation of the suffering, is made absolutely impossible. (2) Or it may be put in this way: all repressions have to be undone; the psychic condition is then the same as that in which all amnesias are filled. (3) Or the task may be described thus: to render the unconscious accessible to consciousness, which is achieved by overcoming the resistances. This reaches further than the other formulas; this is educational work—in fact, the psycho-analytical treatment can, generally speaking, be considered as an after-education for the subduing of the injurious residuums of childhood. It would be an ideal state where all residuums were removed; but this cannot exist even in the most

normal person. The treatment, however, is perfectly able to accomplish the complete removal both of the patient's impediment and of his psychic resistances against his environment.

We have described the methods to be carried out in psycho-analytical treatment, but it is not every man who can be a psycho-analyst. The technique cannot be easily learned or applied, and with ever so much knowledge, pains, and patience, the psycho-analyst can only proceed just so far as his own complexes and inner resistances allow him. Therefore self-analysis, deepening as he gathers experience with his patients, is required, and his achievements in consequence of this self-analysis must ever be the test of his capacities for treating patients analytically. Even when this test is applied successfully, it still remains for the man, who makes it his life-task to search for neurotic dread and repressions, to be chaste in life, modest in thought, and earnest by nature. Only with such a disposition is it possible to speak about many things that a false moral hypocrisy would condemn.

We all suffer from the repressions caused by the false modesty of our guardians in early years, who hid the truth in an ignorant or a cowardly way, and we suffer from neurotic diseases in consequence. Let repressions be removed, and one sees during the treatment how relieved is the patient to be freed from the distress they caused him. Not only his agonizing impediment is cured, but he can return to full enjoyment of life, the gruesome spectre of dread being removed never to appear again.

To blame Nature for the existence of stammering or other neurotic ailments is supremely unjust. Nature

has nothing to do with neurosis. If the laws of Nature be adhered to, disease will not exist. For all diseases are, in their essence, nothing but the result of natural laws being broken with impunity. Civilization and culture are by no means an unmixed blessing, since we may lay on them the burden of many an outraged law.

Prevention is always better than cure; but it is useless to regret the past. Disease in the form of tantalizing dread confronts us. Thanks to the unwearying labours of the students of psycho-analysis, we can meet it with weapons which have hitherto been practically unknown, but which are so effective that conquest is certain.

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